04164

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

04161

|  | Reg. Dist, No.  |
|--|---|
| 1. PLACE OF DEATH  a. COUNTY (atonsville, Baltimore County MARYLAND)   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY BALLELMONE Howard   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |
| KOKAL ONG GIVE NEGIEST IOWN)   | Hanover 13x.0   |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOUSE in the Pines Numsing Home   | d. STREET ADDRESS BOX 743  e. IS RESIDENCE ON A FARM? YES NO  |
| 3. NAME OF First Middle  | Lost 4. DATE Month Day Yeor   |
| OECEASED (Type or print) James Bruff   | Adams OF DEATH April 1, 1962  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   | Haams   |
| Male White WIDOWED DIVORCED  | 2/1/1884 Jost birthdoy) Months Doys Hours Min.  |
| 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | JSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| Mechanic Retired   | Manufand U.S.A.   |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| William B. Adams   | Ella Duke   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.   | INFORMANT Address   |
| (Yes, no. or unknown) (If yes, give war or dates of service)   | Mrs. Sadie A. Adams Box 143 Hanveer, Md.  |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  | INTERVAL BETWEEN  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   | radial amber of ONSET AND DEATH   |
| DUE TO   | 11 1111   |
| Conditions if any which )  | 1-laderen Eins  |
| gove rise to immediate DUSTO   |   |
| lying couse lost. (c) Attentime  | won's Chorag 15 yr  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT  | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS TO DEATH OF THE PART II. OTHER SIGNIFI | ED. (Enter value of injury in Port I or Port II of item 18.)  |
|  | LACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m.  P. m. 19 While Not while of work to work  | actory, street, office bldg., etc.)   |
| 162  | 10. 10. 10. 10.   |
| 21. I certify that I attended the deceased from  | 1927, to 1921, 1922, that I lost saw the deceased   |
| alive on 1/10/1/2, 18/1/2, and that death  | h occurred at 11 - A/M, from the couses and on the date stated above.   |
| SIGNATURE DE BREEN Careh   | ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 1609 Man 84 4/2/6   |
| PHYSICIAN'S B.B. BYLS M balagh   | Glaridge 27 mis   |
| 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C  | OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  |
| REMOVAL (Specify) April 4, 1962 Olivet Com   | St Michaell M 1 1   |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  |
| John A. Moran 3000 & B-11.   | T DATE APR 6 '62 Orthory S. Kasus   |
| Baltimana)   | T WALL BY DE DE COMMIT A MANA   |

eral director, be filed with -th: Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter may be retained. The haspital or attending physician. **D. FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shifte registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

may be retoined TO FUNERAL DIRECT TO HOSPITAL OF

VS A15 (4) 15M 9/55

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# may be retained to hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

04165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

04162 Reg. Dist. No.

|   | 1. PLACE OF DEATH COUNTY Baltmore 22 MARYLAND  | USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE  |
|---|--|---|
|   | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dundalk. The stay in the content of the stay in the RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |
|   | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8226 Deletzer Rd  | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO.   |
|   | 3. NAME OF DECEASED (Type or print) MARY. First T. Middle A.   | DAMS. 4. DATE A Month. Day Year OF DEATH APRIL 20.1962  |
| 1 | Female White WIDOWED DIVORCED  | MAR. 24. 1888 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.  |
|   | 10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)  Composition for working, life, even if retired)  | 11. BIRTHPLACE (Stote or foreign country) 22. CITIZEN OF WHAT COUNTRY?  |
|   | Michael Susko.   | Mary Haddock .  |
|   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. of unknown) (If yes, give wor or dates of service)   | Delf. as in # Address.  |
|   | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c) | evation on 2/15/62  |
|   | CAT  | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?. YES NO   |
|   | UR CONTRIBUTING LI CAUSE OF DEATH  | . (Enter noture of injury in Port I or Part II of item 18.)   |
|   | 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of work   | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)   |
|   | 21. I certify that I attended the deceased from MOV: 10 alive an alive an 19 of and that death actual SIGNATURE DULLS N. Actual SIGNATURE  | accurred at 5, 20 M, from the causes and an the date stated above.  ADDRESS (Street, dity or town, state)  ADDRESS (Street, dity or town, state)  ADDRESS (Street, dity or town, state) |
|   | PHYSICIAN'S LOUIS N. TOLLIN.   | Batto 19-md   |
|   | 220. BURIAL CREMATION, REMOVAL (Specify)  Burial 4-23-1962  220. NAME OF CEMETERY OR Holy Redeemed   | (o.o.e)   |
| 1 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  JOHN J. DUDA 7922 Wise Ave. 22, Md   | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  |
| Ľ | TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR  | DATE APR 2 4 '62  |

|        | ET) HOMBUAN - HT |                 |       | MARYDAM |                      |  |
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Md.

Baltimore.

04163

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
h. COUNTY

Baltimore

b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

| 05100  |   |
|--|---|
| 1. PLACE OF DEATH O. COUNTY Bal                            | timore                                  |
| b. CITY OR TOWN (If out: RURAL ond give neorest Rural - B8 |   |
| d. NAME OF HOSPITAL (I                                     | f not in hospital, give street address) |

| CA | 1 |
|----|---|
| 6  | ソ |

within 24 hours after death.

| ^ |               | or NETTON Arbutus Ave.   |  |                    |                           | 2731 Arbutus Ave. ON A FARM?                     |               |                        |  |            | A FARM?           |                    |
|---|---------------|--|--|--------------------|---------------------------|--|---------------|------------------------|--|------------|-------------------|--------------------|
|   | 1             | NAME OF<br>DECEASED<br>(Type or print)                             | STEI   | LA                 | Middle F.                 | ADAMS  | st            | 4. DATE<br>OF<br>DEATH | April  |            | 1962              | Year<br>19         |
|   | 5. \$         | F  | 6. COLOR OR RACE   | 7. MARRIED WIDOWED | NEVER MARRIED<br>DIVORCED | 150 5 0  |               | 885                    | 9. AGE (In years<br>last birthdoy)<br>777 yrs. | Months     | Days Hour         |                    |
|   | 10o           | USUAL OCCUPATE<br>during most of wo<br>Housey                      | ON (Give kind of work or<br>rking life, even if retired)<br>V110   | done 10b. KIND O   | F BUSINESS OR             |  | ACE (State of |                        |  | 12. CI     | TIZEN OF WHA      | AT COUNTRY         |
|   | 13.           | FATHER'S NAME Jonat  | chon D. Sc   | heeler             |                           | 14. MOTHER'S                                     | MAIDEN N      |                        | ner  |            |                   |                    |
|   | 15.<br>(Yes   | WAS DECEASED EV<br>, no. or unknown)<br>NO                         | ER IN U., S. ARMED FOR<br>(If yes, give war or dates of s  |                    |                           | Robert S.  | Ada           | ms, J                  | Add<br>r. 273                                  |            | butus             | Ave.               |
|   |               |  | ATH [Enter only one co<br>ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o   | /                  | (b), and (c).]            | twe /  | lear          | t fa                   | ilune  |            | INTERVAL ONSET AN | BETWEEN<br>D DEATH |
|   |               | Conditions, if a gave rise to cause (a), stating lying couse last. | immediate (  | Chile              | nosc                      | lesotre  | <i>:</i> (    | /c                     | VD   |            |                   |                    |
| 0 | CERTIFICATION | 20a. ACCIDENT W  | HER SIGNIFICANT CON  AS UNDERLYING   CAUSE OF DEATH  | DITIONS CONTRIB    |                           | H BUT NOT RELATED TO                             |               |                        |  | 'EN IN PAR | PERF              | AUTOPSY<br>ORMED?  |
|   | MEDICAL C     | 20c. TIME OF INJU<br>Hour a. m.<br>p. m.                           | ( MEDICAL EXAMINER)  RY Month, Day, Yes  | While _ No         | OCCURRED 20 pt while work | De. PLACE OF INJURY (<br>factory, street, office |               |                        | or town)                                       | (          | County)           | (State)            |
|   |               | actual signature  Physician's                                      | hat I attended the   | deceased fro       |                           | eath occurred at M.D. 24                         | 430           | M, fram                | 28, 196 in the causes of reet, city or town.   | ind an t   | he date sta       |                    |
| • | 220           | BURIAL, CREMATION REMOVAL (Specify                                 | ON, 22b. DATE THERECO  |                    |                           | ery or crematory Park Cem                        |               |                        | ION (City, town, o                             |            |                   | ote)               |
| 0 |               | Cremat   | $\frac{1}{2} \frac{1}{2} \frac{1}$ | 32                 | Loudon                    | Tark Com   | •             | Dal                    | POTMOTO  | 9 INICE    | •                 |                    |

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the funeral 24 hours after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 to be retained by the hospital or attending physician.

Solve To Funeral Director: After this certificate has been signed by the attending physician and completely filled.

| 1.                    | PLACE OF DEATH   |  | 2. USUAL RESIDENCE  | Where deceased lived, If ins  | stitution, Residence before adr  |
|-----------------------|--|--|---|---|--|
|                       | a. COUNTY BALTIMORE  | The state of the s | a. STATE MD.  | b. COUNTY   | BUL  |
| _                     | b. CITY OR TOWN (if outside corporate limits,  | c. LENGTH OF STAY IN 1b  |   | side corporate limits, write R  | (URAL and give neerest town)   |
|                       | write RURAL end give nearest town)   |  |   |   |  |
|                       | d. NAME OF HOSPITAL OR INSTITUTION (if not in hi   | I and the later of | d. STREET ADDRESS   | SVILLE  | i - IC DECI  |
|                       | 1 :- 0   |  |   |   | e. IS RESI   |
|                       | 6/3 BRAESIDE XP  |  |   | ESIDE AD  | / YES N  |
| 3.                    | NAME OF First DECEASED   | Middle   | Last 4.   | DATE Month OF   | Dey Yeer   |
|                       | (Type or print) SESSIE N   | MARIE AND  | DERSON  | DEATH APR   | 22, 196  |
| 5.                    |  | LIED NEVER MARRIED   | 8. DATE OF BIRTH  | 1 1 1 1 1 1 1 1 1   | UNDER 1 YEAR   IF UNDER 2  |
|                       | F, W, WIDOW  | VED DIVORCED   | FEB. 14, 189  | 9 63 yrs.   | Months Deys Hours  |
| 10a                   | B. USUAL OCCUPATION (Give kind of work   10h.  |  | TRY   11. BIRTHPLACE (County &  | State, or foreign country)  | 12. CITIZEN OF WHAT CO   |
| - 20                  | one during most of working life, even if retired   | LIC SCHOOLS  | W. VA.  |   | U.S.A.   |
| 13.                   | FATHER'S NAME  | XIC OCTIONS  | 14. MOTHER'S MAIDEN NAM   | A.F.  | 1 20101761   |
|                       | - 11-1   |  |   |   |  |
|                       | SAMUEL VI THOMPSON   |  | INFORMANT   | WORKMAN   | 1  |
| (Ye                   | es, no, or unkown) (If yes give wer or detes of service)   | S. SOCIAL SECURITY NO. 17.   | OR. WILLIAM F   | NDERSON"  | (SON)  |
|                       |  | 5778017 5  | 302 EDMOND  | DSON AUE  | 1  |
|                       | 18. CAUSE OF DEATH [Enter only one ceuse per   | line for (e), (b), end (c).]   | 0 1   | 1 0   | ONSET AND DE   |
|                       | PART I. DEATH WAS CAUSED BY:   | 1. 1   |   | - () //   | 1/   |
|                       | IMMEDIATE CAUSE (e)  | newscerou  | ic Cardio-V   | apeular her   | not  |
|                       | DVIN X   | Description  | ie Cardio-V   | ascular Ker   | not  |
|                       | DUE TO   | Discare  | - 1   | a in the  | not  |
|                       | Conditions, if eny, which gave rise to immediate cause   | Discove  | neghati   | a comment   | not  |
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| z                     | Conditions, if eny, which gave rise to immediate cause (e), steling the underlying cause lest.  DUE TO  DUE TO  (b)  DUE TO  (c)   | Drawie Driving to Death AUT N  | neghit  | •   |  |
| NOL                   | Conditions, if eny, which gave rise to immediate cause (e), steling the underlying   | Describer of the sur in the sur i | neghit  | •   | N IN PART 1(e) 19. WAS AU' PERFORA   |
| ICATION               | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  |  | neghtite  | DISEASE CONDITION GIVEN   | N IN PART 1(e)   19, WAS AU  |
| ERTHCATION            | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING  |  | neghit  | DISEASE CONDITION GIVEN   | N IN PART 1(e) 19. WAS AU' PERFORA   |
| L CERTIFICATION       | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | ESCRIBE HOW INJURY OCCUR   | NOT RELATED TO THE TERMINAL I   | DISEASE CONDITION GIVEN or Part II of item 18.)   | N IN PART 1(e) 19. WAS AU<br>PERFORI<br>YES N  |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year 20d  | ESCRIBE HOW INJURY OCCUR   | NOT RELATED TO THE TERMINAL I   | DISEASE CONDITION GIVEN   | N IN PART 1(e) 19. WAS AU' PERFORA   |
| MEDICAL CERTIFICATION | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year 20d Hour e.m.  | ESCRIBE HOW INJURY OCCUR   | NOT RELATED TO THE TERMINAL I   | DISEASE CONDITION GIVEN or Part II of item 18.)   | N IN PART 1(e) 19. WAS AU<br>PERFORI<br>YES N  |
| -                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CO. OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19  | ESCRIBE HOW INJURY OCCURION INJURY OCCURRED 20e. Plant   ile Not While fa  | NOT RELATED TO THE TERMINAL I   | DISEASE CONDITION GIVEN or Part II of item 18.) 20f. (City or town)   | N IN PART 1(e) 19. WAS AU PERFORM YES NO   |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d  21. Certify that (I) (this hospital) atte   | I. INJURY OCCURRED 20e. Plile Not While ork at work  | NOT RELATED TO THE TERMINAL I  ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, 12  ictory, street, office bldg., etc.)   | DISEASE CONDITION GIVEN OF Part II of item 18.) 20f. (City or town)   | (County) 19, WAS AU PERFORM YES NO   |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Whour e.m. p.m. 19 20d  21. Certify that (I) (this hospital) atters we the deceased alive on | I. INJURY OCCURRED 20e. Plile Not While ork at work  | NOT RELATED TO THE TERMINAL I   | DISEASE CONDITION GIVEN OF Part II of item 18.) 20f. (City or town)   | (County) (St   |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d  21. Certify that (I) (this hospital) atte   | I. INJURY OCCURRED 20e. Plile Not While ork at work 1991.  | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, interpret)  LACE OF INJURY (Home, farm, interpret) | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  A, from the causes an  | (County) (Sind on the date stated  |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CO.  20e. ACCIDENT WAS UNDERLYING CO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 el which the saw the deceased alive on  | I. INJURY OCCURRED 20e. Plile Not While ork at work 1991.  | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, lactory, street, office bldg., etc.)  at death occured at 2004  ATTENDING MED. DIRECT  | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  A, from the causes an  | (County) (Stand on the date stated   |
| _                     | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 el white saw the deceased alive on   | I. INJURY OCCURRED 20e. Plile Not While ork at work 1991.  | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, interry, street, office bldg., etc.)  at death occured at ANA  ATTENDING PHYS.  DIRECT   | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  7.4 to   | (County) (Sind on the date stated  |
| MEDICAL               | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year White Cause the deceased alive on   | I. INJURY OCCURRED 20e. Plile Not While ork at work 1. Indeed the deceased from 219.12., and the   | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, 12 totory, street, office bldg., etc.)  at death occured at 19.4 A  ATTENDING MED. PHYS. DIRECT  22d. ADDRESS  4116 Echmo.   | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  M, from the causes are  TOR STAFF PHYS.   volume Arie                        | (County) (Start of the date stated 22b.  |
| MEDICAL               | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 el white saw the deceased alive on   | I. INJURY OCCURRED 20e. Plile Not While ork at work 1. 19. 2., and the state of CEMETERY 23c. NAME OF CEMETERY   | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, 12 totory, street, office bldg., etc.)  at death occured at 19.10  ATTENDING MED. PHYS.  22d. ADDRESS  HILL Echmon   | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  M, from the causes are  TOR PHYS.   Add Area  3d. LOCATION (City, town)      | (County) (State of county) |
| MEDICAL               | Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20e. ACCIDENT WAS UNDERLYING 20b. DI.  OR CONTRIBUTING AUSE OF DEATH (II. EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 et w.  21. I certify that (I) (this hospital) attes saw the deceased alive on  | I. INJURY OCCURRED 20e. Plile Not While ork at work 1. Indeed the deceased from 219.12., and the   | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, 12 ctory, street, office bldg., etc.)  ATTENDING MED. PHYS.  ATTENDING DIRECT  22d. ADDRESS  A INC. Ed. M.D.  PARA   | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  M, from the causes at STAFF  TOR PHYS.   Adom Are  Bd. LOCATION (City, town) | (County) (Signature)   |
| WEDICAL MEDICAL       | DUE TO  Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO  20e. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Whour e.m. 19  21. Certify that (I) (this hospital) after saw the deceased alive on   | I. INJURY OCCURRED 200. PI fe ork at work 100. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19  | ED. (Enter neture of injury in Pert I  LACE OF INJURY (Home, farm, 12 ctory, street, office bldg., etc.)  ATTENDING MED. PHYS.  ATTENDING DIRECT  22d. ADDRESS  A INC. Ed. M.D.  PARA   | DISEASE CONDITION GIVEN  or Part II of item 18.)  20f. (City or town)  M, from the causes at  TOR PHYS.   ALON Are  NOODLAW  REGISTRAR 25b. REGIST  | (County) (Signature)   |

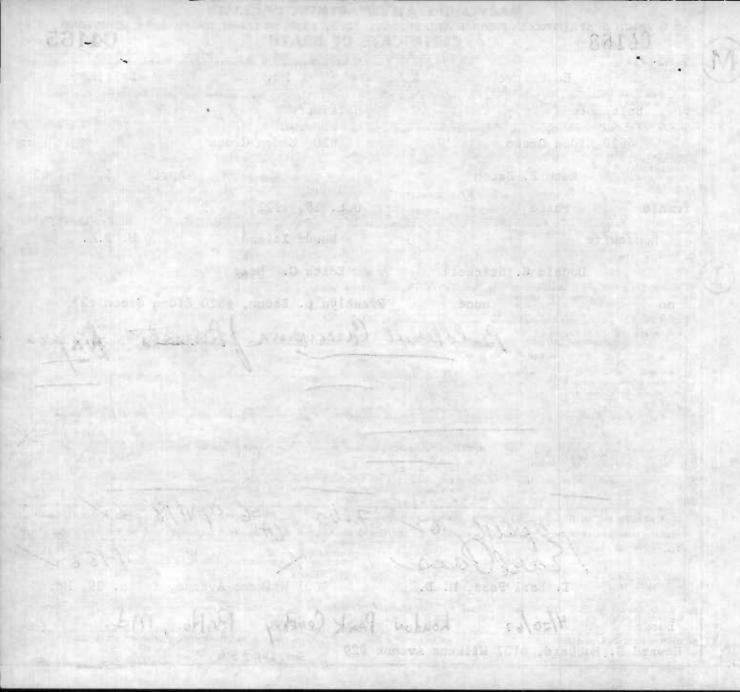
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60

|                        | MARYLAND    | STATE DEF  | PARTMENT    | OF HEALT   |
|------------------------|-------------|------------|-------------|------------|
| DIVISION OF STATISTICA | DECEADOU AN | ID DECORDE | DOL W DDECT | CAL STREET |

H istical research and records, 301 w. preston street, baltimore 1, maryland CERTIFICATE OF DEATH 0416504168

| 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND   | e. STATE Md. b. COUNTY Baltimore  |
|--|---|
| b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)  BALLIMOYE  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 4820 Eldon Green  | d. STREET ADDRESS  4820 Eldon Green  o. IS RESIDENCE ON A FARM? YES NO 1792   |
| 3. NAME OF First Middle DECEASED (Type or print) Ruth F. Bacon   | Lest 4. DATE Month Dey Yeer OF DEATH April 18, 19 62  |
| 5. SEX 6. COLOR OR RACE 7. MARRIES NEVER MARRIED   B  temale   White   WIDOWED   DIVORCED  | Oct. 18, 1922  9. AGE (In yeers   F UNDER 1 YEAR   F UNDER 24 HRS.   Months   Days   Hours   Min.   |
| done during most of working life, even if retired) housewife   | 11. BIRTHPLACE (County & State, or foreign country) Rhode Island U. S.A.  |
| Donald C. Stickell   | 14. MOTHER'S MAIDEN NAME Edith G. Hess  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1  | INFORMANT Address Canklyn C. Bacon, 4820 Eldon Green #27  |
| 18. CAUSE OF DEATH [Enter only on a ceuse per line for (e), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate cause   | Carcinorna & Briasts Interval Between ONEL AND DEATH JAX 4rs.   |
| CATIO  | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO. (Enter neture of injury in Pert I or Pert II of item 18.) |
| 20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   2De. PLA   20d. INJURY OCCURRED   2d. INJURY O | ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) tory, street, office bldg., etc.)   |
| 21. I certify that (I) (this hospital) attended the deceased from.   | death occured at A.M., from the causes and on the date stated above.  |
| 22a. SIGNATURE / Eliza Pass M  | ATTENDING MED. STAFF PHYS. ATTENDING MED. DATE SIGNED   |
| 22c. PHYSICIAN'S NAME (Type) I. Earl Pass, M. D.   | 4001 Wilkens Avenue, Balto. 29, Md.   |
| 230. BURIAL, CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY BUTIAL 4/20/62 LOUGON  | PARK Cemetery Balto, Md.  |
| Howard H. Hubbard, 4107 Wilkens Avenue   | #29 DATE APR 2 3 '62  |
|  | DATE APR 23 62  |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04169

CERTIFICATE OF DEATH

| 04169  | CERTIFICATI  | OF DEATH   |   | U4166  |
|--|--|--|---|--|
| ACE OF DEATH   |  |  |   | sidence before admission   |
| CITY OR TOWN (if outside corporete limits,   | maryland<br>c. Length of Stay in 16  | Maryland   | Bal   | timore give neerest town)  |
| T  |  | X Tawsibt-   | Towson  |  |
| NAME OF HOSPITAL OR INSTITUTION (if not i  | 011  | d. STREET ADDRESS  | 011   | ON A FARM?   |
| AME OF First   | Middle   | Last 4. DATE   | Month   | Dey Yeer   |
| ype or print) Mr. John /   | Poole Bamber   |  | April 8   | th 19 6  |
| X 6. COLOR OR RACE 7. MA   |  |  |   |  |
| nale white wip   | OWED DIVORCED  | July 11, 1892  | 6 Grs.  |  |
| USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  | DE. KIND OF BUSINESS OR INDUSTR  | Y 11. SIRTHPLACE (County & State, or   | foreign country) 12. CITIZ  | EN OF WHAT COUNTRY   |
| Retired Butcher  |  |  | ryland  | U.S.A.   |
| AIREK S NAME   |  | 14. MOTHER'S MAIDEN NAME   | ,   |  |
| Joseph Bambero   | 16 SOCIAL SECURITY NO. 17  | Virginia ( Po  | OLE   |  |
| no, or unkown) (Ifyas give werordates of service)  | 0 10   | 11 0 1   | 0000  | 100m 0   |
| 8. CAUSE OF DEATH [Entar only one cause  | per line for (a), (b), and (c), 1  | is. Trancy Dancer  | ger   | Saame  |
| PART I. DEATH WAS CAUSED BY:   |  | FARCTION   |   | ONSET AND DEATH  |
| The state of the s |  | A  | 1   |  |
| Conditions if any which  | TERIDSELFROTIC   | CARDIOVAICULA  | R DISEALE   | S YEARS  |
| pave rise to immediate cause   |  |  | EAL HE HELE   | 11.11.11.11.11.11.11.11.11.11.11.11.11.  |
| a), stelling the underlying  |  |  |   |  |
|  | CONTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINAL DISEASE  | CONDITION GIVEN IN PART   | (e) 19. WAS AUTOPSY  |
|  |  |  |   | YES NO   |
|  | DESCRIBE HOW INJURY OCCURED  | . (Enter neture of injury in Pert I or Part II   | of item 18.)  |  |
| F EITHER, NOTIFY MEDICAL EXAMINER)   |  |  |   |  |
|  |  |  | or town) (Coun  | ty) (Stete)  |
|  | 14 11110   |  |   |  |
|  |  |  |   |  |
| aw the deceased alive on. Till.  | 78 1962, and that  | death occured aff. A. M. from  | the causes and on th  |  |
| 220. SIGNATURE   |  | ATTENDING/ MED   | STAFF A   | 22b. DATE  |
| da all four  | M  |  | PHYS.   | RIL 4,1462   |
| NAME (Type) ADAW 6.  | Swiss  |  | ROAD, BA  | LTO. L. KID.   |
| BURIAL, CREMATION, 236. DATE THEREOF   | 23c. NAME OF CEMETERY  | OR CREMATORY 23d. LOC  | ATION (City, town or county   | (State)  |
| Durial 4/11/62   | Holy Rede  | emer Cem.   Bo   | Stimore. Ma   | ruland   |
| UNERAL DIRECTOR'S SIGNATURE  | ADDRESS  | 25e. REC'D BY REGIS  |   |  |
| eonard J. Ruck 5304  | Handand Road   | #04 DATE   | Cooling A. /  | A-AAAAQS   |
|  | CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  NAME OF HOSPITAL OR INSTITUTION (if not in the second of the se | COUNTY  Baltimore  CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  8201 Loch Raven Blvd  AME OF ECEASES  EVEN COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORGED DEATH GETTER DIVORGED DIVOR | ACE OF DEATH COUNTY  Baltimore  ITY OR TOWN (if outlide corported limits, writer RUAR) and give nearest lown)  JOHANN AND AND AND AND AND AND AND AND AND | RECONTY Baltimore  MARYLAND  CITY OR TOWN II doubtide corporate limits, write and one of the control of the con |

funeral Pages 1 and 2 filled in TO HOSPITAL ( ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The law requires that the VR A15 15M 9/60

07143 COLUMB ! a de comerciada improducir en escararea pode 1050 L. The court of the second of the court of t Verback Control of the Lorentz and the Control of the Lorentz and the Lorentz out it is the sound of the sound of the sound of - William Dala Color of the state of the will all the

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04170 CERTIFICATE OF DEATH 04167

| 1. PLACE OF DEATH   |                            | 2. USUAL RESIDENCE              |                              |                       | idence before edmission)          |
|---|----------------------------|---------------------------------|------------------------------|-----------------------|-----------------------------------|
| Baltimore   | MARYLAND                   | e. STATE Mary                   |                              | COUNTY                |                                   |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  | c. LENGTH OF STAY IN 16    | c. CITY OR TOWN (II             | foutside corporete limit     | , write RURAL end s   | give neerest town)                |
| Catons ville  | 2yrl3dys                   | Baltimore                       |                              | . 3                   | VOI. 4                            |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hos   |                            | d. STREET ADDRESS               |                              |                       | a. IS RESIDENCE                   |
| SPRING GROVE STATE HOSE   | PITAL                      | 259 S. E                        | ast Avenue                   |                       | YES NO                            |
| 3. NAME OF First DECEASED   | Middle                     | Last                            | 4. DATE<br>OF                | Month                 | Dey Yeer                          |
| (Type or print) Garland   | F.                         | Barnes                          | DEATH                        | April                 | 2 19 62                           |
| 5. SEX 6. COLOR OR RACE 7. MARRIE   | D NEVER MARRIED 1 8        | DATE OF BIRTH                   |                              | yeers   IF UNDER 1 YI | EAR IF UNDER 24 HRS.              |
| male white sep  | DIVORCED                   | May 5, 190                      | lest birth                   | yrs. Months De        | ys Hours Min.                     |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | IND OF BUSINESS OR INDUSTR | Y   11. BIRTHPLACE (Count       | ly & Stele, or foreign co    | untry)   12. CITIZI   | EN OF WHAT COUNTRY?               |
|   | Machine                    | Virg                            | inia                         | U.                    | S.                                |
| 13. FATHER'S NAME   |                            | 14. MOTHER'S MAIDEN             |                              |                       |                                   |
| Jacob Barnes  |                            | Mary                            | Ann                          |                       |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.   | SOCIAL SECURITY NO. 17. I  | NFORMANT                        | A                            | ddress                |                                   |
| (Yes, no, or unkown) (Ifyesgivewerordatesofservice) unknown   | 229-18-7686 Re             | cords: SPRI                     | NG GROVE                     | STATE HO              | SPITAL                            |
| 18. CAUSE OF DEATH [Enter only one ceuse per  |                            |                                 | 110 0 110 12                 |                       | INTERVAL BETWEEN                  |
| PART I. DEATH WAS CAUSED BY:  |                            | S-47                            |                              |                       | ONSET AND DEATH                   |
|   | ongestive heart            | lallure                         |                              |                       | hours                             |
| DUE TO  |                            | and the manufacture             |                              |                       | lvr-plus                          |
| Conditions, if eny, which geve rise to immediate cause  | rcinoma of lung            |                                 | al, adrenal                  | and                   | TAL-bins                          |
| (e), steting the underlying DUE TO  | other metas                | tases.                          |                              |                       |                                   |
| couse lest. (c)   |                            |                                 |                              |                       |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CON   | NTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN         | NAL DISEASE CONDITIC         | N GIVEN IN PART I     | (e) 19. WAS AUTOPSY<br>PERFORMED? |
| /   |                            |                                 |                              |                       | YES NO                            |
| PART II. OTHER SIGNIFICANT CONDITIONS COL   | SCRIBE HOW INJURY OCCURED  | (Enter neture of injury in i    | Pert I or Pert II of item 18 | l-)                   |                                   |
| ZOc. TIME OF INJURY Month, Dey, Yeer   20d.   |                            | CE OF INJURY (Home, farm        |                              | (Count                | y) (State)                        |
| ZOc. TIME OF INJURY Month, Dey, Yeer 20d. While the work of the state | TAOL TAILING beard         | ory, street, office bldg., etc. | ) ;                          |                       |                                   |
|   |                            | March 19                        | 10 60 to Apr                 | 17 2 10 6             | 2 that 80 (wa) last               |
| 21. I certify that (IX (this hospital) attentions saw the deceased alive on   | 2 10 62 Lul                | 9:                              | 45                           | 17.3                  | (we) last                         |
|   |                            | death occured at                | N, from the ca               | uses and on the       | 22b. DATE                         |
| 220. SIGNATURE Sella W  | acheler "                  |                                 | AED. STAFF                   | □x 4-3                | 3-62 SIGNED                       |
| 22c. PHYSICIAN'S<br>NAME (Type)   |                            | 22d. ADDRESS S                  | PRING GROV                   | E STATE               | HOSPITAL                          |
| Stella  | Wachsler, M. D             | •C                              | atonsville                   | 28 Md                 |                                   |
| 23a, BURIAL, CREMATION, 23b. DATE THEREOF   | 23c. NAME OF CEMETERY      | OR CREMATORY                    | 23d. LOCATION (C             | ity, town or county)  | (Stete)                           |
| REMOVAL (Specify) PORIL 6,1962  | LiBERTY C                  | em.                             | PARKSL                       | ey 1/ k               | 1.                                |
| 24 FUMERAL DIRECTOR'S SIGNATURE   | ADDRESS                    | 25e. REC                        | D BY REGISTRAR 25            |                       |                                   |
| Men Gon,  | 4001 RITCHED               | Huy DATOR                       | 4 '62                        | Wilmy S. Hra          | MA.                               |
| I want I will   | 1. (1.000                  | ATD                             |                              |                       |                                   |

No 110 will will be for the description of the contract of THE RESERVE OF THE PROPERTY OF

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Pagest WOODLAWN filled IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 01 papers. completely NAME OF DATE Year Middle OF DECEASED DEATH (Type or print) 196 carbon IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 英 NEVER MARRIED and last birthday) ent, DIVORCED physician remove 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ase 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unknown) | (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per þ Elympho Lymphosorcoid Wildeminal Metastasis PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (a), stating the underlying cause last. the certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: p.m ....., 196.2, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from . ( ..., and that death occured and ofth, causes and on the date stated above. from the saw the deceased alive 22e. SIGNATURE SIGNED ATTENDING O FUNERAL 1 director, page 3 be filed with the PHYS. 22d. ADDRESS 22r. PHYSICIAN'S 23d. LOCATION (City, town or county (State) CREMATORY 23a. BURIAL, CREMATION, (Specify) OF 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

DATE

O. Thur & Kings

death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

88110 main to standings THE STATE OF THE PARTY OF THE P THE STATE OF THE S the state of the s " Williams of Milleraco ENERGY OF THE PROPERTY OF THE Eliza Bildelle coru THE THE PROPERTY OF THE PROPER THE PERSON OF TH

06172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 04169 please execrematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres) town 0 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS directo the registrar prior ON A FARM? .5 YES NO NAME OF First Middle DATE Day Lost Month Year for your DECEASED OF DEATH (Type or print) スス 19 5. SEX 7. MARRIED NEVER MARRIED 12 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE IFUNDER TYEAR IF UNDER 24 HRS. Days Hours Min. with WIDOWED | DIVORCED T 0 VIS. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY n 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C pup pup offer pe DA umore ll may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours podes Pages Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File wor or doles of service! Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: with form IMMEDIATE CAUSE (o) alang with far burial-transit s DUE TO Canditions, if any, which in pencil gove rise to immediate cause certificate should **DUE TO** (o), stating the underlying cause last. O O Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S CATION PERFORMED? used YES | NO F iner's 20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Exami 3 should the ward MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) edical factory, street, office bldg., etc.) While 0 m Not white p. m. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 4. Inquiry and find that to the Chief Natural causes Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER remaval **EXAMINER'S** DEPUT cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRARIS SIGNATURE APR 25 VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04173

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04170

| 1  | o. COUNTY   |  |   | 2. USUAL RESIDENCE (Whe   | ere deceased lived. If institution:<br>b. COUNTY | Residence before admission)                         |
|----|---|--|---|---|--|---|
| \  |   | Baltimore  | MARYLAND  | Mary]   | and  | - /   |
| A  | b. CITY OR TOWN (I<br>RURAL and give no                                       | f outside corporate limits, write<br>orest town)                         | c. LENGTH OF STAY IN 16                           | c. CITY OR TOWN (If ou  | itside corporote limits, write RURA              | AL and give nearest town)                           |
| 1  | Catons  | ville  | 4yt10mth23dys                                     | Baltimore   |  | 3×014   |
| 11 | d. NAME OF HOSPIT<br>OR INSTITUTION   | AL (If not in hospital, give stre  | et oddress)                                       | d. STREET ADDRESS   | <b>7.</b>  | e. IS RESIDENCE<br>ON A FARM?                       |
| T  | SPRING GR   | OVE STATE HO   | SPITAL  | 1402 Patapso  | o Street   | YES NO  |
| 3  | B. NAME OF<br>DECEASED<br>(Type or print)                                     | First<br>Selma   | Middle  | Berigtold   | 4. DATE Month OF April                           | 30 Year 19 6  |
| 3  | female  | relation to  | ARRIED NEVER MARRIED DIVORCED DIVORCED            | 8. DATE OF BIRTH May 21, 1889                                   | 1 4 1 4 1 1                                      | UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min. |
| 1  | Oa. USUAL OCCUPATION during most of work house                                | ON (Give kind of work done 10 ing life, (Cashier)                        | 06. KIND OF BUSINESS OR INDU                      |   | or foreign country)                              | 12. CITIZEN OF WHAT COUNTRY?                        |
| 1  | 3. FATHER'S NAME  |  |   | 14. MOTHER'S MAIDEN N   |  |   |
|    | Isador  | e Lippman  |   | F   | redericka Gers                                   | tenberg   |
|    |   | R IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)       | 212 20 0624                                       | ords: SPRING  | Address GROVE STATE                              | HOSPITAL  |
|    |   | TH [Enter anly one couse per<br>TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) | r line for (o), (b), ond (c).]                    | )   |  | INTERVAL BETWEEN ONSET AND DEATH                    |
|    | Conditions, if o<br>gave rise to i<br>couse (a), stating<br>lying cause lost. | m mediote (  |   | - arterissa   | levate heart.                                    | disease "1  |
| 0  |   |  | s contributing to beath but                       |   |  | PERFORMED?  |
|    | 20a. ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY                     | S UNDERLYING 206. D CAUSE OF DEATH MEDICAL EXAMINER)                     | DESCRIBE HOW INJURY OCCURRE                       | D. (Enter noture of injury in P                                 | art I or Port II of item 18.}                    | when alees  |
|    | 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.                                     | Wh   | L-  | ACE OF INJURY (Home, farm,<br>ctory, street, office bldg., etc. |  | (County) (State                                     |
| 5  | saw the deceas  |  | ended the deceased fram<br>1 3 0 1962, and that a |   |  |   |
|    | 22a. SIGNATURE  | Sfella   | Wacheler  | ATTENDING ME  | D STAFF  | -1-62 226. DATE SIGNED                              |
| 1  | 22c. PHYSICIAN'S<br>NAME (Type)   | Stella Wach  | sler, M. D.                                       |   | RING GROVE STA<br>tonsville 28, Ma               |   |
| 1  | BORNAL (Specify)  | 5-3-62   | 23c. NAME OF CEMETERY C                           |   | 23d. LOCATION (City, town, or or Baltimore       | county) (Stote)                                     |
| 0  | DOKIAL  | 3-3-02   | Baltimore Na                                      | LIUNAI  | вателноге  |   |

DATE

TO HOSPITAL VR A1S (4) 15M 9/59

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

|              | 100                |        |                  |     |      |      |  |
|--------------|--------------------|--------|------------------|-----|------|------|--|
|              |                    |        |                  |     |      |      |  |
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| A THE PERSON |                    |        |                  |     |      |      |  |
|              |                    |        | 2230435          |     |      |      |  |
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|              |                    |        |                  |     | 40   |      |  |
|              | we then to all the |        |                  |     |      |      |  |
| 1844         |                    |        |                  |     |      |      |  |
|              |                    |        | .4.1.2           |     |      |      |  |
|              |                    |        |                  |     |      |      |  |
|              |                    |        | W. Daniel J. All |     |      |      |  |
|              |                    | 1 8100 |                  | .30 | 1.00 | 1.19 |  |
|              |                    |        |                  |     |      |      |  |

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04171

| 1. PLACE OF DEATH   |                       |                        | 11                |                                       | ICE (Where de   | eceased lived, If  |              | esidence   | before e  | dmission |
|---|-----------------------|------------------------|-------------------|---------------------------------------|-----------------|--------------------|--------------|------------|-----------|----------|
| •. COUNTY  Baltimore  |                       | MARYLAN                |                   | Ma seri                               | land            | b. COUN            | ITY.         | 1+         | 1100      | 000      |
| b. CITY OR TOWN (if outside corporate lim   | nits,                 | c. LENGTH OF STAY IN   |                   |                                       |                 | orata limits, writ | RURAL and    | giva ne    | arest low | n)       |
| write RURAL end give nearest town)  |                       | 7 Dans                 | X D               | 7 44                                  |                 |                    |              |            |           |          |
| d. NAME OF HOSPITAL OR INSTITUTION  | (if not in hosp       | 1 Day                  | / d. S            | ltimore                               |                 |                    |              |            | e. IS RE  |          |
|   |                       |                        |                   |                                       |                 |                    |              |            | YES T     | FARM?    |
| Veterans Administrat  | ion Ho                | spital                 | 922               | Leeds A                               | venue           |                    |              | Dey        |           | NO LA    |
| 3. NAME OF COLUMBUS Firs  | GUSTA                 | VUS MYDOLP             | HUS BI            | EN                                    | 4. DATE         | Mont               | h            | Dey        | Year      |          |
| (Type or print) GUST  |                       | ADOLP                  |                   | BIEN                                  | DEATH           | April              |              | 29         | 19        |          |
| 5. SEX 6. COLOR OR RACI   | 7. MARRIED            | NEVER MARRIED          | B. DATE C         | F BIRTH                               | 9               | last birthday)     |              |            | F UNDER   |          |
| Male White  | WIDOWED               |                        | 9-2               | 7. 02                                 |                 | 69 yrs.            | Months I     | Days       | Hours     | Min.     |
| IOa. USUAL OCCUPATION (Give kind of wo  | rk   10b. KIN         | ND OF BUSINESS OR INC  | SUSTRY 11. BI     | THPLACE (Cour                         | nty & Stete, or |                    | 12. CITI     | ZEN OF     | WHAT C    | OUNTR'   |
| done during most of working life, even if retir   | red) Se               | li-employ              | ed                | a selection of                        |                 |                    |              |            |           |          |
| Plumber  IS. FATHER'S NAME  | Pl                    | umbing Compa           | any B             | Itimore                               | Mary            | land               | U.           | S.A        | •         |          |
| is. PATHER'S NAME   |                       |                        |                   |                                       |                 |                    |              |            |           |          |
| John Bien   |                       |                        |                   | ARY THO                               | MAS             |                    |              |            |           |          |
| 15. WAS DECEASED EVER IN U.S. ARMED FO<br>(Yes, no, or unkown)   (Ifyesgive wer or detes of   |                       | OCIAL SECURITY NO.     | 17. INFORM        | ANT                                   |                 | Addres             |              |            |           |          |
| Yes W-1   |                       | 6-32-8185              | Clinica           | al Recor                              | ds VAH          | Fort Ho            | ward 1       | Marv       | land      |          |
| 18. CAUSE OF DEATH [Enter only on   |                       |                        |                   |                                       |                 | 2 02 0 11          |              | INTE       | RVAL BET  |          |
| PART I. DEATH WAS CAUSED BY:  | AR                    | TERIOSCLERO            | PTC HEAT          | MESTA TO                              | CF              |                    |              |            | NKNO!     |          |
| IMMEDIATE CAUSE (e  | )                     | LIMILOOCHIMO.          | LIO IIIAI         | II DIDIE                              | 1013            |                    |              | -          |           | 141      |
| 420,0 DUE TO  | DAC                   | COTTO COMOTO           | WILLIAM T.        | TITED CT                              | אוההו דב        | I/TO ATION C       |              | 7.7        | DITALA    | TAT      |
| Conditions, if eny, which   | )                     | SSIVE CONGES           | ST TOM T          | ram' or                               | والتانانا       | VIDNETS            |              | _ U.       | NKNO      | MIN      |
| gava rise to immediate cause (e), stating the underlying  | 0                     |                        |                   |                                       |                 |                    |              |            |           |          |
| cause lest.   | 2)                    |                        |                   |                                       |                 |                    |              |            |           |          |
| PART II. OTHER SIGNIFICANT CONE   | DITIONS CON           | TRIBUTING TO DEATH BE  | UT NOT RELATE     | TO THE TERM                           | INAL DISEASE    | CONDITION GI       | VEN IN PART  | 1(a)   19. | WAS A     | UTOPSY   |
| TERMINAL BRONCH   | O PNEU                | MONIA BILATI           | ERAL              |                                       |                 |                    |              | YE         | ES X      |          |
| PART II. OTHER SIGNIFICANT CONE TERMINAL BRONCH  206. ACCIDENT WAS UNDERLYING  00 CONTRIBUTING CAUSE OF DEATH 01 (IF EITHER, NOTIFY) MEDICAL EXAMINER | 1 20h DESC            | RIBE HOW INJURY OCC    | LIRED (Enter na   | ture of injury in                     | Pert I or Pert  | II of item 18.)    |              |            | Latino    |          |
| OR CONTRIBUTING CAUSE OF DEATH  | 1                     | SKIBE 110 W 1100KF OCK | LOKED. (EINOI III |                                       |                 |                    |              |            |           |          |
|   |                       |                        |                   |                                       |                 |                    | 10           |            |           | 151.1.1  |
| 20c. TIME OF INJURY Month, Day, Y<br>Hour a.m.  | feer 20d. II<br>While | Not While              |                   | JURY (Home, fer<br>, office bldg., et |                 | ty or town)        | (Cou         | nty)       |           | (State)  |
| Hour a.m.   | et work               |                        |                   |                                       |                 |                    |              |            |           |          |
| 21. I certify that (X (this hosp  | ital) attend          | led the deceased f     | rom Apri          | 28                                    | 19.62 to        | April 29           | 196          | 52, th     | at 00 (   | we) la   |
|   |                       | 19 <b>62</b> , and     | that donth        | 8:2                                   | 20_M from       | m the causes       | and on t     | he dat     | e state   | lahov    |
| saw the deceased alive on Pr  |                       | 17924, and             | Illal deall       | occured ar                            |                 | 11 1110 Cdd303     | und on i     | 110 001    | 22b       | . DATE   |
| 22e. SIGNATURE  | VAAA                  | ~ 11 VI -              |                   | ENDING                                | MED.            | STAFF X            |              |            |           | SIGN     |
|   | POOT                  | My                     | M.D. PH           | ADDRESS                               | DIRECTOR        | PHYS.              |              |            | 4-3       | 0-62     |
| 22c. PHYSICIAN'S<br>NAME (Type) CEPA CENTA NO   | DIIGGO                | W D                    |                   |                                       |                 |                    |              |            |           |          |
| NAME (TYPE) SEBASTIAN   | OCCON                 | , M. D.                |                   | IAH, For                              |                 | rd, Mary           |              |            |           |          |
| 236. BURIAL, CREMATION, 236. DATE TH  | EREOF                 | 23c. NAME OF CEME      | TERY OR CREM      | ATORY                                 | 23d. LO         | CATION (City, to   | wn or county | y)         | (5)       | tata)    |
| REMOVAL (Specify) Burial 5/3/6  | 2                     | Balto.Na               | tiona             | Cem.                                  | Ba              | ltimor             | e. Md        |            |           |          |
| 24 FUNERAL DIRECTOR'S SIGNATURE   |                       | ADDRESS                |                   | 25a. RE                               | EC'D BY REGIS   | STRAR 256. RI      |              |            | JRE       |          |
| Charles E. Schim  | unek l                | Funeral Ho             | ome               | DATE                                  | MAY 2           | '62                | arthur .     | 8. the     | us        |          |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

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VR A1S (4) 1SM 7/61

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1 Day raltimore brane dra Teterans drinistration Fordbal 9:2 keds Arenue EZIS DIA I.II.I 9-27-92 etin e.r. beyold to a lee Hambirg Company Deltinore, Tergland U.S.A. reduuli John Rien 216-32-3165 Ulimical Meganda Vill Port Howard Paryland MAC CAST at a secon in our growing for the party of

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STREET OF SUBSECTION No. D. C.

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April 29 62

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urisl sign (1975) Parto Talto Talton Cir. unit (1975) 198.

FOR STATE r. Page cessary, 0 TO DEPUTY ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral of the A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-moves after death.

VR A15ME 5M 1/62

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04172

| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY | Residence before edmission           |
|--|--|--------------------------------------|
| MARYLAND   |  | 44                                   |
| b. CITIES OF STAY IN 16 write RURAL and give nearest town)  c. LENGTH OF STAY IN 16  | c. CITY OR TOWN If outside corporete limits, write RUKAL so                  | d give nearest town)                 |
| d. NCatonsville Institution (if not in hospital nive street address)   | d. STREET Gatons ville   |                                      |
| d. Name of fishitat of INSTITUTION (if not in hospitel, give street eddress)   | d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?        |
| 5 (manhanale dans  | 5 Overbrook Ave  | YES NO                               |
| 3. NAME OF DECEASED (Type or print)  John Hilliam Borchers Sre   | OF April 2   | 1962 Year                            |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | B. DATE OF BIRTH 19. AGE (In years   IF UNDER                                | 1 YEAR   IF UNDER 24 HRS.            |
| Male White WIDOWED DIVORCED  | Oct. 24,1902   lest birthdey) Months   | Deys Hours Min.                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working the live lived)  10b. KIND OF BUSINESS OR INDUS   | TRY 11. BIRTHPLACE (Sale of Greign country) 12. Cl                           | U-S-A COUNTRY                        |
| 3. FATHER'S NAME Henry H. Borchers   | 14. MOTHER'S MAIDEN NAME<br>NOT KNOWN  |                                      |
|  |  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or ) (Hyosgivewerordatesofservice)   | Margaret Borchers 5 Overbrook  | Ave                                  |
|  | Margarec Borchers ) Overbrook  |                                      |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]  |  | INTERVAL BETWEEN                     |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Pulmonery Hem   | orrhage  | ONSET AND DEATH                      |
| DUE TO   |  |                                      |
| Cancer of th   | ie Lung  | 40-                                  |
| Conditions, if any, which (b)  |  |                                      |
| (a), steting the underlying DUE TO   |  |                                      |
| cause lest. (c)  |  |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  |  | T 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| Operation Oct 3-61 on Lung remo  | val of growth  | YES NO                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  Operation Oct 3-61 on Lung remo  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. | (Enter neture of injury in Pert I or Pert II of item 18.)                    |                                      |
| 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED 2De. PI  |  | unty) (State)                        |
|  | actory, street, office bldg., etc.]  |                                      |
|  |  |                                      |
| 21. I certify that I took charge of the remains described above, h   |  | and in my opinion                    |
| death resulted from: Natural causes . Accident . Sui   | icide, Homicide, Undetermined manner   |                                      |
| 01 1 11 11   | CHIEF MEDICAL EXAMINER   |                                      |
| SIGNATURE SIGNATURE  | M.D. ASSISTANT MEDICAL EXAMINER  | DATE SIGNED                          |
| EXAMINER'S NAME (Type) Geo. S. M. Kieffer M.D  | DEPUTY MEDICAL EXAMINER 1616 Leeds Address (Street, city, town, or county)   | Ave. 4-22-62                         |
| 226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY  |  | 4) (State)                           |
| REMOVAL (Specify) 4-25-1962 Western) to  | existent Kaltinan  | Jewland 1                            |
| 23. FUNERAL DIRECTOR ADDRESS   | 240. REC'D BY REGISTRAR   24b. REGISTRAR'S S                                 | IGNATURE                             |
| mac Malta Son 301 No luck frond-   | 70 / 100 2 0 100   | 1                                    |
| 11000 1 Mes at 10 201 /1/cannon to con   | DATE MAN DE CIRCLE   | S. Thomas                            |

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Color Level Bosel Viol

# please execute the certificate, writing the word "pending" in pencil In Item RM3. Page 51, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Heafth, or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death. essary, ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay TO DEPUTY M.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04174 STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| PLACE OF DEATH     a. COUNTY   |  |                               | NCE (Where decessed liv       |                         | dence before admission)   |
|--|--|-------------------------------|-------------------------------|-------------------------|---------------------------|
| Balto Co   | MARYLAND                                 | a. STATE                      | yland b.                      | COUNTY                  | timore                    |
| b. CITY OR TOWN (if outside corporate limits,  | c. LENGTH OF STAY IN 16                  | c. CITY OR TOWN               | (If outside corporate limits  |                         |                           |
| write RURAL and give nearest town)   | A  | V D-242                       |                               |                         |                           |
| Baltimore 7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp   | 4 yrs.                                   | A Baltimo                     |                               |                         | . IS RESIDENCE            |
|  | nier, give sireer eddress/               |                               |                               |                         | ON A FARM?                |
| 7500 Marston Road  |  | 7500 Mar                      |                               |                         | YES NO F                  |
| 3. NAME OF First DECEASED  | Middle                                   | Last                          | 4. DATE                       | Month D                 | ley Yeer                  |
| (Type or print) Curtis C. Br   | adshaw                                   |                               | DEATH                         | 4- 1                    | 7 19 62                   |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   |  | . DATE OF BIRTH               |                               | years   IF UNDER 1 YE   |                           |
| WIDOWED WIDOWED  |  | 7 74 70                       | lest birth                    | · Months Dey            | s Hours Min.              |
|  | D DIVORCED     ND OF BUSINESS OR INDUSTR | Jan. 14, 18                   | 00 · 0±                       | yrs.                    | N OF WHAT COUNTRY?        |
| done during most of working life, even if relired)   | NO OF BUSINESS OR INDUSTR                | II. BIKITIPLACE (SIE          | e or foreign country)         | 12. СПІДЕ               | OF WHAT COUNTRIE          |
| Maintenance Am   | erican Can Co.                           | Smith Is                      | land, Maryla                  | and                     | U.S.A.                    |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDE            | NAME                          |                         |                           |
| Unknown  |  | Unknown                       |                               |                         |                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.  | SOCIAL SECURITY NO.   17.                | NFORMANT                      | ~^                            | ddrass .                | 27) 2                     |
| (Yes, no, or unkown) (Ifyesgivewerordatesofservice)  | 50 00 7000                               | 70                            |                               | 000 Marsto              |                           |
|  | 58-09-7626 M                             | s. Ruby E.                    | Bradshaw, Ba                  | altimore 7              | Maryland INTERVAL BETWEEN |
| 18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:   |  |                               |                               |                         | ONSET AND DEATH           |
| IMMEDIATE CAUSE (e) COI  | conary Throm                             | bosis                         |                               |                         | 10 MIN.                   |
| DUE TO   |  |                               |                               |                         |                           |
| Conditions, if eny, which (b)  |  |                               |                               | DE LIZA                 |                           |
| geve rise to immediate cause   |  |                               | SID YORK (NO                  |                         |                           |
| (a), stating the underlying DUE TO   |  |                               |                               | 356.5                   |                           |
| zause lest. (c)  | TRIBLITING TO DEATH BUT NO               | AT BELATED TO THE TERM        | INAL DISEASE CONDITIO         | ANI CIVENI INI BART 1/- | ALIO WAS ALITORSY         |
| PART II. OTHER SIGNIFICANT CONDITIONS CON  | TRIBUTING TO DEATH BUT NO                | OF RELATED TO THE TERM        | MINAL DISEASE CONDITIO        | NO GIVEN IN PART IN     | PERFORMED?                |
| N. C.  |  |                               |                               |                         | YES NO                    |
|  | BE HOW INJURY OCCURED. (                 | Enter nature of injury in P   | art I or Part II of Item 18.) |                         |                           |
| PRIMARY OF CONTRIBUTING CONTRIB |  |                               |                               |                         |                           |
| 20c. TIME OF INJURY Month, Day, Year   20d. I  | NJURY OCCURRED   200. PLA                | CE OF INJURY (Home, fa        | rm, ! 20f. (City or town)     | (County)                | (Stele)                   |
| Hour a.m. While  | 1401 44 11110                            | tory, street, office bldg., e | tc.)                          |                         |                           |
|  |  |                               |                               |                         |                           |
| 21. I certify that I took charge of the rem  | ains described above, he                 | eld an Autopsy,               | Inspection A                  | nquiry , a              | nd in my opinion          |
| death resulted from: Natural causes 🕮  | Accident , Suic                          | ide, Homicide                 | Undetermin                    | ed manner               |                           |
|  |  | CHIEF MEDICA                  | L EXAMINER                    |                         |                           |
| SIGNATURE MONTE & Stroke   | 00                                       | ASSISTANT MI                  | DICAL EXAMINER                |                         | DATE SIGNED               |
| SIGNATURE / WALL CO , SOUTH  |  | M.D. ASSISTANT MEDIC          | -V                            | 36.0                    | 1. 77 62                  |
|  | bel, M.D.                                | Address (Street               | , city, town, or county)      |                         | 4-17-62                   |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF<br>REMOVAL (Specify)   | 22c. NAME OF CEMETERY O                  | R CREMATORY                   | 22d. LOCATION (City           |                         | (State)                   |
| Burial 4-20-62   | Loudon Park                              | Cemetery                      | Baltimor                      | e, M                    | aryland                   |
| 23. FUNERAL DIRECTOR   | ADDRESS                                  |                               | ECID BY REGISTRAR   246       | . REGISTRAR'S SIGN      |                           |
| Loring Byers 8728  | Liberty Rd: Re                           | ndalls took                   | MM 1 9 02                     | arthur S.               | Trans                     |
|  |  | MINIMA T A MINIMATER          |                               |                         |                           |

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| bank neder 1500       |                 |                |                         |
| Madella, Kalmodatas I |                 | -              |                         |
|                       | 1925年           | de syntaer)    |                         |
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|                       |                 | T. C. Shinks   |                         |
|                       |                 |                |                         |
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|                       | - Paradilet :   | NEW YORK AND A | a series application of |

TO HOSPITAL OR VR A1S (4) 1SM 9/59

# 64177

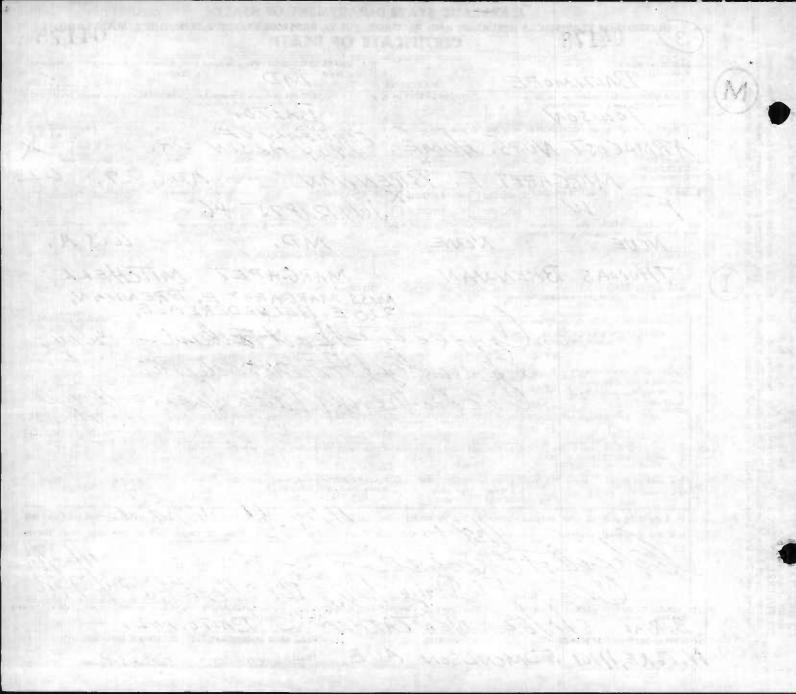
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04173

| 1. PLACE OF DEATH<br>o. COUNTY  Baltimore  MA   | RYLAND    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore  |
|---|-----------|--|
| b. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) 1 mo   |           | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)   |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 43 Burke Ave.  |           | d. STREET ADDRESS 43 Burke Ave.  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)   |
| 3. NAME OF First Midde (Type or print) Annabel Stein  |           | Last 4. DATE Month Day Yeor OF DEATH 4→14→ 19 62   |
| S. SEX 6. COLOR OR RACE 7. MARRIED ☐ NEVER MAR female white widowed X divore  |           | B. DATE OF BIRTH  7-14-1885  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Manths   Days   Hours   Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife home   | OR INDU   | USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penn. U.S.A.  |
| 13. FATHER'S NAME ????? Stein   |           | 14. MOTHER'S MAIDEN NAME Elizabeth Herbig  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) none  | 100       | INFORMANT Address  Address above   |
| Canditions, If any, which gove rise to immediate couse (a), stating the underlying couse last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E | DEATH BUT | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO  |
| OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year  Hour o, m. While Not while                  | 20e. PL   | RED. (Enter nature of injury in Part I or Port II of item 18.)  PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote) foctory, street, office bldg., etc.)   |
| 21. I certify that (I) (this hospital) attended the decease   | nd that c | death accurred at a.M. from the causes and an the date stated above.  M.D. ATTENDING MED. STAFF PHYS.   22b. DATE SIGNED PHYS.   22d. ADDRESS   22d. ADDRESS |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE BUTIAL 7-17-62 Sunset   |           | OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) orial Park Summerton, Penn.   |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brooks Funeral Service, Inc., Towson   | 4, Mc     | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |

Lets to the lets

THE BURNEY OF THE PARTY OF THE



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours attered death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14179

CERTIFICATE OF DEATH

04176

| U |               | PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission as COUNTY)  | n)  |
|---|---------------|--|-----|
| / |               | a. COUNTY Baltimore MARYLAND a. STATUS AND B. COUNTY TO MOSE   |     |
|   | 1             | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)   | _   |
|   | 5             | yral-Free (and 6 Fyrs- Mural-Free land-  |     |
|   |               | a. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat aggress)  d. STREET ADDRESS  ON A FARM   |     |
|   | 3             | NAME OF First Middle Last / 4. DATE Month Day Year   | 1   |
|   |               | DECEASED OF OF   | 2   |
|   |               | Cyace L. Drell. Infort 20  | 1   |
|   |               | 8. COLOR OK RACE 7. MARRIED NEVER MARRIED WILDOWED DIVORCED DIVORCED NO. COLOR OK RACE 7. MARRIED NEVER MARRIED WILDOWED DIVORCED NO. B. DATE OF BIRTH WILDOWS Min. Willowed Divorced No. Color ok RACE 7. MARRIED NEVER MARRIED N | -   |
|   | 10a           | B. USUAL OCCUPATION (Give kind of work 110h KIND OF RISINSSS OR INDISTRY 11 BIRTHPLACE ASSURING STREET OF COUNTRY) 112. CITIZEN OF WHAT COUNTRY  | Y?  |
|   | do            | That Sally TP Out home Cack a suille Md T. SA-   |     |
|   | 13.           | CATHER'S MAME  |     |
|   | (             | Charles W. M. Cann. Virginia - Vrec-   |     |
| 1 |               | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTO Address es, no, a Inkown) ((fyes give wer ordates of service)   |     |
| 1 |               | 1/0  |     |
|   |               | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH  |     |
|   |               | PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Hypertensine Cardio Vascular disease ONSET AND DEATH  |     |
|   |               | 443 X DUE TO ///   |     |
|   |               | Conditions, if any, which geve rise to immediate cause   |     |
|   |               | (a), stating the underlying DUE TO   |     |
|   |               | causa lest. (c)  | _   |
| ) | 0<br>N        | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?  | 1   |
|   | S             | YES NO [   | 1   |
|   | CERTIFICATION | 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING 20c AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |     |
|   | MEDICAL       | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)   | _   |
|   | MEDI          | Hour a.m. While Not Whila factory, street, office bidg., atc.)   |     |
|   |               | 21. I certify that (I) (this hospital)/attended the deceased from  | st  |
|   |               | saw the deceased alive on 4, 2, and that death occurred at 1, and the causes and on the date stated above  | re. |
|   |               | 22e. SIGNATURE 22b. DATE 32b. DATE SIGNI   |     |
|   |               | 1. M. Trance M.D. PHYS. DIRECTOR PHYS. 1 4/2//   | -   |
|   |               | 22c. PHERCIAN'S A. M. FRANCE 22d. ADDRESS PARKTON Md   |     |
|   | 238           | BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)   |     |
|   | 1             | Durid April 241962MT. Zion Cenetery Freeland, Md.  |     |
|   | 24            | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  |     |
| > | K.            | Scol taxleuslein New Texesdom ta, DATE APR 2 4 '62 arthur & thank  |     |
|   | 77            |  |     |

E SYLANS 97140 Trouse but the Court from a last stall a for the Sale 19 1/2 The Thomas Contact to the State of the COM TRANSE TO THE THEORY Signal stonday 18 The Internation Freeland Ald Lacart Harbert San Henrit Lacatory, Later a market ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4) 15M 7/61

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# DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

OR A HYPY

| 091  | .60                           | T                 | tem 23b F            | ilm (     | 3377 1/70                                  | 7/62           | mb                        | U   | 14.1.1       |               |
|--|-------------------------------|-------------------|----------------------|-----------|--|----------------|---------------------------|---|--------------|---------------|
| 1. PLACE OF DEATH  | H                             |                   |                      | 2.        | USUAL RESIDE                               |                |                           |   | sidenca bef  | ore admission |
| Baltimore  |                               |                   | MARYLAN              |           | Maryland                                   |                | b. COU                    | NTY                                       |              | 1/            |
|  | if outside corporate limits,  | l c. l            | ENGTH OF STAY IN     |           |  |                | corporate limits, writ    | a RURAL and                               | give naares  | t town)       |
| write RURAL and  | give nearest town)            | _                 |                      |           |  |                |                           | 1   |              | 11            |
| Fort Howar   |                               |                   | Days                 |           | Baltimor                                   | -              |                           | 31  | 101-         | 7             |
| d. NAME OF HOSPI   | TAL OR INSTITUTION (if n      | ot in hospitel, g | give street address) |           | d. STREET ADDRES                           |                |                           |   |              | ON A FARM?    |
| Veterans A   | dministratio                  | n Hospi           | ital                 |           | 1202 Nor                                   | th Cui         | rley Stre                 | et  | YES          | S   NO  X     |
| 3. NAME OF   | First                         |                   | Middle               |           | Last                                       | 4. DAT         | E Mont                    | h   | Day          | Yaar          |
| (Type or print)  | CLARENC                       | PR.               | J.                   | BE        | ROWN                                       | DEA            | TH Apr                    | 11  | 3            | 19 62         |
| 5. SEX   | 6. COLOR OR RACE 7.           | _                 |                      |           | ATE OF BIRTH                               |                | 9. AGE (In years          | IF UNDER 1 Y                              | EAR IF U     | NDER 24 HRS.  |
| Mala   | 37                            |                   |                      | Me        | 21 102                                     | 20             | last birthday)<br>31 yrs. | Months De                                 | eys Hou      | urs Min.      |
| Male   | Negro   V                     | AIDOMED [         | F BUSINESS OR INDI   |           | y 31, 193                                  |                | -                         | 1 12. CITIZ                               | EN OF WH     | IAT COUNTRY   |
| done during most of wo   | orking life, even if retired) |                   |                      |           |  |                |                           |   | J. S.        |               |
| Laborer  |                               | Porte             | r - Hospit           |           | Baltimore                                  |                | ATSUG                     |   | J. D.        | A.            |
| 13. FATHER'S NAME  |                               |                   |                      |           | MOTHER'S MAIDE                             | EN NAME        |                           |   |              |               |
| Clarence C   | . Brown                       |                   |                      | Ru        | ath Brown                                  |                |                           |   |              |               |
|  | ER IN U.S. ARMED FORCE        |                   | AL SECURITY NO.      | 17 INF    | Cal Recor                                  | 2.50           | Addres                    | 5   |              |               |
| Yes Yes  | Hyosgivewerordetes of serv    |                   | 20-3500              | _         |  |                | M CCALIO                  | ADVIANT                                   | 1            |               |
| and the latest terminal termin | DEATH Enter only one ca       |                   |                      | VAL       | HOSPITAL,                                  | FURT I         | DOWARD, M                 | HUTTHM                                    | INTERVA      | L BETWEEN     |
|  | H WAS CAUSED BY:              |                   |                      |           |  |                |                           |   | ONSET A      | AND DEATH     |
| 11   | IMMEDIATE CAUSE (a)           | RIGHT             | LOWER LOB            | E PN      | EUMONIA                                    |                |                           |   | 3            | days-         |
| 1 7-7  | DUE TO                        |                   |                      |           |  |                |                           |   |              |               |
| Conditions, if any   | y, which (b)_                 |                   |                      |           |  |                |                           |   |              |               |
| gave rise to immed   | > DUE TO                      |                   | 714                  |           |  |                |                           |   |              |               |
| (e), stating the u   | (c)                           |                   |                      |           |  |                |                           |   |              |               |
|  | R SIGNIFICANT CONDITIO        | NS CONTRIBU       | TING TO DEATH BU     | T NOT RI  | ELATED TO THE TER                          | MINAL DISEA    | SE CONDITION GI           | VEN IN PART 1                             | I(a)   19. W | AS AUTOPSY    |
| PART II. OTHE  |                               |                   |                      |           |  |                |                           |   | P            | ERFORMED?     |
| 5  |                               |                   |                      | LIBED /F  |  | to Door Loo Do | - A II - 6 (A 1P )        |   | 153          | A 110         |
| OR CONTRIBUTING  | CAUSE OF DEATH                | OB. DESCRIBE      | HOW INJURY OCC       | OKED. (ET | nier neture of injury                      | in ren i or re | en n or nem is.)          |   |              |               |
|  | MEDICAL EXAMINER)             |                   |                      |           |  |                |                           |   |              |               |
| 20c. TIME OF INJU  | JRY Month, Dey, Yeer          |                   |                      |           | OF INJURY (Home, for street, office bldg., |                | (City or town)            | (Coun                                     | ty)          | (State)       |
| Hour a.m.  | 10                            | While It          | Not While<br>et work | 10010177  | sireor, onice oragi,                       |                |                           |   |              |               |
| P  | that XI) (this hospital       | ) attended        | the deceased for     | Ma        | arch 28                                    | 171962         | to April                  | 3 19 6                                    | 52 that 1    | M) (we) la    |
|  |                               |                   |                      |           |  | 11.73          |                           |   |              |               |
|  | sed alive on Apri             | ÷                 | 19, and              | that de   | eath occured at                            | AM, II         | rom the causes            | and on in                                 | le date s    | 22b. DATE     |
| 226. SIGNATURE   | Kon)                          |                   | 111                  |           | ATTENDING                                  | MED.           | STAFF                     |   |              | 1. / SIGHE    |
| 5  | 1 Dec                         | mo                | W                    | M.D.      | PHYS.                                      | DIRECTOR       | PHYS.                     |   |              | 4/3/02        |
| 22c. PHYSICIAN'S   |                               |                   |                      | 1         | 22d. ADDRESS                               | TOTAL .        | ATTOTE THOUSE             | DD MAI                                    | DVTAN        | n             |
| SEBASTIA   | N RUSSO . M.D.                | -11               |                      |           | VA HUSP.                                   | LTAL.          | FORT HOWA                 | TU, MAI                                   | VITTAM       |               |
| 23a. BURIAL, CREMAT  | ION, 236. DATE THERES         |                   | . NAME OF CEMET      | ERY OR    | CREMATORY                                  |                | OCATION (City, to         | -   |              | (Stele)       |
| Burial (Specify  | april lo                      | -62 BE            | altimore N           | Vatio     | nal Cemet                                  | ery I          | Baltimore                 | 28, Ma                                    | rylar        | ıd.           |
| 24 FUNERAL DIRECTO   | R'S SIGNATURE                 |                   |                      |           | len.                                       |                | GISTRAR 25b. RI           | GISTRAR'S S                               | GNATURE      |               |
|  |                               |                   | Brantley             |           |  | - 4.0          | 160                       | What 8. 4                                 | Travas       |               |
| Elroy O. V   | MT TROIT                      | Balt              | imore 17,            | MQ.       | IDAIL                                      | PR 13          | 02 - 00                   | A 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |              |               |

Laborar Language - Unspired Sellinge, Mergiand - V. H. B. R. on the sale of the and a building a supply of total CIL WILLEAD Applicated to the control of the control of the second of 11707 U. MARCON . Real statement IV. 160.

# 04151

## CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| Rea. | Dist. | Nd | M | 1    | 78 | 2   |
|------|-------|----|---|------|----|-----|
|      |       |    |   | - 10 |    | - 2 |

|   | 1. PLACE OF DEATH g. COUNTY Ballimore   | MARYLAND 0. 9                   | marytand                                       | DUNTY Bullinore   |
|---|---|---------------------------------|--|---|
|   | RURAl and give nearest town   | 2411 XC                         | TY OR TOWN If outside corporate limits,        | write RURAL and give nearest town)                                    |
|   | d. NAME OF HOSPITAL (If not in hospital, give street oddr<br>OR INSTITUTION  226 Macin                          | ress)   d. S'                   | TREET ADDRESS                                  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO                               |
|   | 3. NAME OF First DECEASED (Type or print) Such  | M. Bro                          | Last 4. DATE OF DEATH CEPT                     | Month 20 - Day Year 62  |
|   | temale white WIDOWED D  |                                 | 1- 1882 Se                                     | years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.         |
|   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired).  13. FATHER'S NAME | Home /                          | Pennyhrania                                    | 12. CITIZEN OF WHAT COUNTRY?  |
| 1 | Samuel Back   | eg                              | THER'S MAIDEN NAME                             | Robinson  |
| / | (Yes, no. or unknown) (If yes, give wor or dates of service)  | crac security No. 17. INFORMAN  | a Kenny- 226                                   | Main st. Resoleration   |
|   | 18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)          | rebra ALOX                      | 10   | INTERVAL BETWEEN<br>ONSET AND DEATH                                   |
|   | Conditions, if any, which gove rise to immediate Course (a) statistics the under                                | It Lober Phagm                  | onial  | 5 days  |
| 1 | lying couse last. (c) 6M  | TERBUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DISEASE CONDITION          | ON GIVEN IN PART 1(o) 19, WAS AUTOPSY                                 |
|   | 3 / Loukemic  | bookpmia                        | ature of injury in Port 1 or Part 11 of item 1 | PERFORMED?  |
|   |   | NONC                            |  | B.J   |
|   | 20c. TIME OF INJURY Month, Day, Year 20d. INJUR<br>Hour a. n. 19 While<br>at work                               | Not while lactory, stree        | JURY (Home, farm,<br>t, office bldg., etc.)    | (County) (State)  |
|   | 21. I certify that I attended the deceased falive on 19,00  | from July 19                    | 10 10111                                       | 962, that I last saw the deceased uses, and on the date stated above. |
|   | ACTUAL Montes 14  | ellemen M.D. /                  | ADDRESS (Street, city or                       |   |
|   | PHYSICIAN'S MONTH JEPLAM  | 24 mi) 4/1                      | herry Hill Kd Ker                              | stastown Mdl  |
|   | The 4-23-62   | Trend te                        | of Tiken                                       | ille 8 md.  |
|   | 23. FUNERAL DIRECTOR'S SIGNATURE  To rule A NE Well   | Appress mile                    | 240. REGO BY REGISTRAR 24b.                    | REGISTRAR'S SIGNATURE   |

## MARYLAND STATE DEPARTMENT OF HEALTH - DALTMORE

| MC Tall Dal Dar and  |                  |                        |                    |  |
|--|------------------|------------------------|--------------------|--|
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|  | to open a threat |                        |                    |  |
| A Committee of the Comm |                  |                        |                    |  |
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|  |                  |                        | a) and had been to |  |
|  |                  |                        |                    | 10000  |
|  |                  |                        |                    | STATE OF THE STATE |
|  |                  | SO HARROW OF PRINCIPLE |                    |  |
|  |                  |                        |                    | No case and so   |

MI STATE

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14182

CERTIFICATE OF DEATH 04179

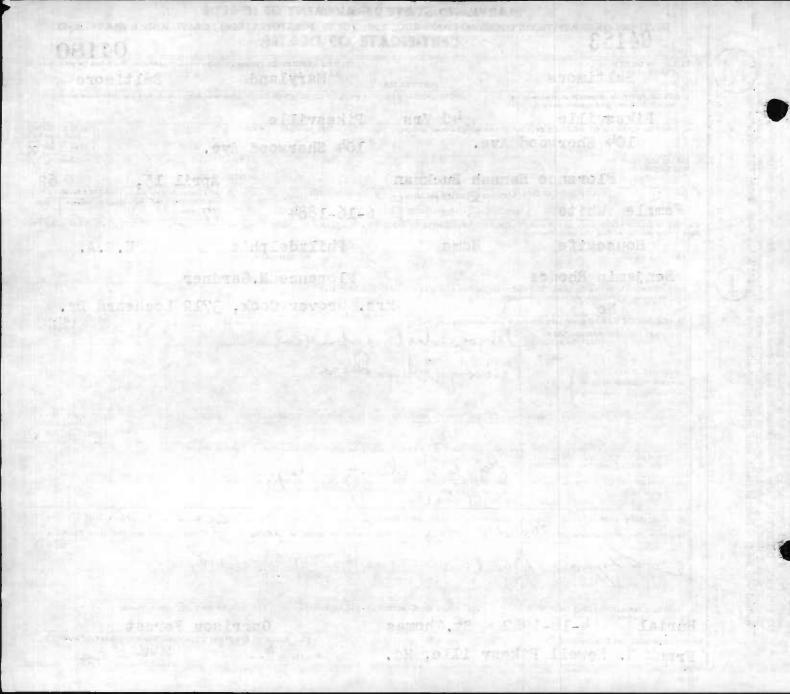
| 1      |               | PLACE OF DEATH                      |   |             |   | 2          | . USUAL RESIDEN a. STATE    | CE (Where decea      | b. COUN       |              | sidence befo | re admission)       |
|--------|---------------|-------------------------------------|---|-------------|---|------------|-----------------------------|----------------------|---------------|--------------|--------------|---------------------|
| 71     |               | Ba                                  | ltimore   |             | MARYLA  | ND         | 2.5                         | y land               | D, COO!!!     | Howa         | ard          |                     |
|        |               | b. CITY OR TOWN (if write RURAL and | outside corporele limi<br>give nearest town)    | 5,          | c. LENGTH OF STAY   | IN 1b      | c. CITY OR TOWN (           |                      |               | RURAL and    | give neerosl | town)               |
|        |               |                                     | sville  |             | 28yr7mth2d  |            | Woodsto                     | ck, Mary             | land          | /            | 3X'          | 2                   |
| 4      |               | d. NAME OF HOSPIT                   | AL OR INSTITUTION (                             | f not In ho | spital, give street address   | 5)         | d. STREET ADDRESS           |                      |               |              |              | S RESIDENCE         |
|        |               |                                     | ROVE STAT                                       | E HO        | SPITAL  |            | non                         |                      |               |              | YES          | NO [                |
|        |               | NAME OF<br>DECEASED                 | First   |             | - Middle  |            | Last                        | 4. DATE              | Month         |              | Dey          | Yeer                |
|        |               | (Type or print)                     | Regi  |             | Lee   |            | rown                        | DEATH                | A             | oril         | to d         | 19 62               |
| 77     | 5.            | SEX                                 | 6. COLOR OR RACE                                | 7. MARRI    | ED NEVER MARRIED  | 8. 0       | ATE OF BIRTH                |                      | GE (In years  |              | ear IF UN    | DER 24 HRS.         |
|        |               | male                                | white   | WIDOW       | ED DIVORCED   |            | uly 14, 19                  |                      | 52 yrs.       | Months       | ys Hour      | s Mun.              |
|        |               |                                     | ON (Give kind of work                           |             | CIND OF BUSINESS OR IN  | NDUSTRY    | 11. BIRTHPLACE (Cour        | nty & State, or for  | eign country) | 12. CITIZ    | EN OF WHA    | T COUNTRY?          |
|        | aoi           | farmer                              | king life, even if retire                       | d)          |   |            | Mary lan                    | d                    |               |              | U.S.         |                     |
|        | 13.           | FATHER'S NAME                       |   |             |   | 14         | . MOTHER'S MAIDEN           |                      |               |              |              | -                   |
| I      | )             |                                     | H. Brown  |             |   |            |                             | e Lee Co             | ok Snyo       | der          |              |                     |
| 4      |               |                                     | R IN U.S. ARMED FOR                             |             | SOCIAL SECURITY NO.   | 17. INF    | ORMANT                      |                      | Address       |              |              | -11                 |
|        |               | no, or unkown) (If                  | yes give war or dates of s                      | ervice)     | unknown   | Reco       | rds: SFRT                   | NG GROV              | E STA         | TIP HO       | SPITAL       |                     |
|        | -             |                                     | EATH (Enter only one                            | ceuse per   | line for (e), (b), and (c).]  |            | Idb. Dilli                  | dicov.               | a DIM         | E IIO        |              | BETWEEN             |
|        |               |                                     | WAS CAUSED BY:                                  |             |   |            |                             |                      |               |              |              | ND DEATH            |
|        |               |                                     | MMEDIATE CAUSE (0)                              | Kle         | ht-sided he   | art 1      | allure                      |                      |               |              |              |                     |
|        |               | 200                                 | DUE TO  |             |   |            |                             |                      |               |              | -            |                     |
|        |               | Conditions, if any                  | , which (b)                                     | Pul         | monary asth   | ma         |                             |                      |               |              |              |                     |
|        | н             | gave rise to immedia                | ete cause                                       |             |   |            |                             |                      |               |              |              |                     |
|        |               | (e), stating the ur                 | derlying  | Dif         | fuse purule   | nt hr      | onchitis                    |                      |               |              |              |                     |
|        | 7             |                                     | SIGNIFICANT CONDI                               |             | NTRIBUTING TO DEATH   |            |                             | NAI DISEASE CO       | NDITION GIVI  | N IN PART 1  | (a)   19 W / | S AUTOPSY           |
| 7      | 0             | PARI II. OTHER                      | SIGNIFICANT CONDI                               | 10/43 00    | THE POLICE OF THE PARTY OF THE | 001 1101 1 | LEATED TO THE TERM          | THE DISEASE CO       | 1,011,011,011 |              | PE           | RFORMED?            |
| $\sim$ | CA            |                                     |   |             |   |            |                             |                      |               |              | YES 2        | NO I                |
| 8      | CERTIFICATION |                                     | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DE     | SCRIBE HOW INJURY O   | CCURED. (E | nter neture of Injury in    | Part I or Part II of | item 18.)     |              |              |                     |
|        | AL            | 20c. TIME OF INJU                   | RY Month, Day, Ye                               | nr   20d.   | INJURY OCCURRED   2   |            | OF INJURY (Home, farr       |                      | town)         | (Count       | у)           | (State)             |
| 15     | MEDICAL       | Hour e.m.                           |   | While at wo |   | factory    | , street, office bldg., etc | :-)                  |               |              |              |                     |
|        | ×             | p.m.                                | 19  | 100         |   |            |                             |                      | A 17 -        |              | 2            |                     |
| 9      |               | 21. I certify th                    |   |             | nded the deceased   | from       | Sept13                      | 19.3, to             | april         | Lb, 190      | د, that (ا   | (we) last           |
| 7      |               | saw the deceas                      | ed alive onA                                    | pril        | 15 19 62, and   | d that d   | eath occured at             | M, from t            | he causes     | and on th    |              |                     |
| 9.     |               | 220. SIGNATURE                      | 0   | 11          | 10.   |            | ATTENDING                   | MED.                 | STAFF         |              |              | 22b. DATE<br>SIGNED |
|        |               | CT CHARGE                           | Stella  | wo          | i elle  | M.D.       |                             | DIRECTOR _           | PHYS.         |              | 4-16-6       | 52                  |
|        | 1,0           | 22c. PHYSICIAN'S                    |   |             |   |            | 22d. ADDRESS S              | PRING G              | ROVE S        | TATE         | HOSPI        | TAL                 |
|        |               | NAME (Type)                         | Stella  | Wachs       | ler M. D.   |            | C                           | atmsvil              | le 28.        | Mary L       | and          |                     |
|        | 236           | . SURIAL, CREMATI                   |   | EOF         | 23c. NAME OF CEM  | ETERY OR   |                             | 23d. LOCATI          |               |              |              | (Stete)             |
| ^      |               | REMOVAL (Specify) Burial            | 4-18-52   | 2           | Mt. View  |            | The same                    | A]                   | pha, Md       |              |              |                     |
| 2      | 24            | FUNERAL DIRECTOR                    |   | 101-1       | ADDRESS   |            | 25a. RE                     | C'D BY REGISTRA      | R 256. REC    | SISTRAR'S SI | GNATURE      |                     |
| 1      | 1             | 10 lder                             | hotto   | . 1         | 600,0011 10   | itie       | mo DATE                     | PR 1 7 '62           | 0             | rthun &      | Kanh         |                     |
| 1      | _             | - 10 yal                            | numm  | 1           | record a  | 4          | Torric III                  | - 47                 | -             | 1            | INAME        |                     |

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04490

|                             |   |                               |                             |                        |                                 |                  | SE FOTO      |          |
|-----------------------------|---|-------------------------------|-----------------------------|------------------------|---------------------------------|------------------|--------------|----------|
| 1. PLACE OF DEATH           |   |                               | 2. USUAL RESIDE             |                        |                                 |                  |              | dmission |
| Ва                          | ltimore   | MARYLAND                      | a. STA Mary                 | land                   | b. COUN                         | "Baltim          | ore          |          |
| b. CITY OR TOWN             | (if outside corporata limits,                         | c. LENGTH OF STAY IN 16       | . c. CITY OR TOWN           | (If outside corpora    | te limits, write                | a RURAL and give | naarast town | n)       |
|                             | d give naerest town)                                  | 40 Vre                        | D41                         | -                      | /                               |                  |              |          |
| d. NAME OF HOSPI            | TAL OR INSTITUTION (if not in                         |                               | Pikesvil                    | le -                   | 1                               |                  | e. IS RE     | SIDENCE  |
|                             | 4 Sherwood A  |                               | John Cham                   | Foor                   | 1                               |                  | YES [        | FARM?    |
| NAME OF                     | First   | Middle                        | 104 Sher                    | 4. DATE                | Month                           | n Day            |              | NO DE    |
| DECEASED<br>(Type or print) |   |                               | Pital                       | OF                     |                                 |                  | 10           | -        |
| 5. SEX                      | Florence Har  |                               | 0.155.05.00711              |                        | April                           | 15,              |              | 62       |
|                             | 0 00 A B  | RRIED NEVER MARRIED           | B. DATE OF BIRTH            |                        | AGE (In years<br>last birthday) | Months   Days    | Hours        | Min.     |
| Female                      | 1   | OWED DIVORCED                 | 6-16-1884                   |                        | 77 yrs.                         |                  |              |          |
| done during most of we      | TION (Giva kind of work orking life, avan if retired) | b. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Co       | ounty & Stata, or for  | reign country)                  | 12. CITIZEN      | OF WHAT C    | OUNTRY   |
|                             | sewife  | Home                          | Philad                      | elnhia                 |                                 | U.S              | Λ            |          |
| 3. FATHER'S NAME            |   | 22020                         | 14. MOTHER'S MAIDE          | EN NAME                |                                 | 0.0              | •4.          |          |
| Ren iam                     | in Rhodes   |                               | Flonence                    | o W Con                | dwar                            |                  |              |          |
|                             |   | 16. SOCIAL SECURITY NO.   17. | Florence                    | e n. Gar               | Address                         |                  |              |          |
|                             | If yes give war or datas of service)                  | Mr                            | s. Grover                   | Cook                   | 7772 1                          | ochean           | n Da         |          |
|                             | NO<br>DEATH (Enter only one cause                     |                               | S. diover                   | COUR,                  | )/12 1                          |                  | TÉRVAL BET   | AVEFAL   |
|                             | TH WAS CAUSED BY:                                     | 20                            | 0 1 1                       |                        |                                 |                  | NSET AND D   |          |
| TAKI I. DEA                 | IMMEDIATE CAUSE (a)                                   | Myocardual                    | Inforte                     | ba 1                   |                                 |                  |              |          |
| I HO                        | DUE TO  |                               | 01.                         |                        |                                 |                  |              |          |
| Conditions, if an           | 10  | Ride                          | bleans                      |                        |                                 |                  |              |          |
| gave risa to immed          | liata cause   | Corea Conce                   | b. w.b.c.                   |                        |                                 |                  |              |          |
| (a), stating tha            | underlying DUE TO                                     |                               |                             |                        |                                 |                  |              |          |
| causa last.                 | ) (c)   |                               |                             |                        |                                 |                  |              |          |
| PART II. OTHE               | R SIGNIFICANT CONDITIONS                              | CONTRIBUTING TO DEATH BUT N   | OT RELATED TO THE TER!      | MINAL DISEASE CO       | ONDITION GIV                    | VEN IN PART 1(a) | 19. WAS A    |          |
| 3                           |   |                               |                             |                        |                                 |                  | YES          | NO 🕡     |
|                             |   | DESCRIBE HOW INJURY OCCURE    | D. (Entar natura of injury  | in Part I or Part II o | f item 1B.)                     |                  |              |          |
| (IF EITHER, NOTIFY          | MEDICAL EXAMINER)                                     | Conseil de                    | in 50.                      |                        |                                 |                  |              |          |
| 20c. TIME OF INJU           | URY Month, Day, Yaar   2                              |                               | ACE OF NJURY (Homa, fa      | arm, 20f. (City o      | r town)                         | (County)         | (            | Stata)   |
| 20c. TIME OF INJU           | V   | WhileNot Whila fac            | tory, streat, office bldg., |                        |                                 |                  |              |          |
|                             | 17  | work at work                  | V                           | 1                      | 45                              |                  |              |          |
| 21. I certify               |   | ttended the deceased from.    |                             |                        |                                 |                  |              |          |
| saw the decea               | sed alive on 77                                       | 1962, and tha                 | t death occured at.         | 5.8.M, from            | he causes                       | and on the       | date stated  | abov     |
| 22a. SIGNATURE              | 01 11   |                               |                             |                        |                                 |                  |              | DATE     |
| A                           | Lenna I Ke  | 100                           | A.D. PHYS.                  | MED.<br>DIRECTOR       | STAFF<br>PHYS.                  |                  |              | SIGNE    |
| 22c. PHYSICIAN'S            | Typons 1.0  | 9-000                         | 22d. ADDRESS                |                        |                                 |                  |              |          |
| NAME (Typa                  |   |                               |                             |                        |                                 |                  |              |          |
|                             |   |                               |                             | 1001 1001              | 1011 (6)                        |                  | /e.          |          |
| _REMOVAL ISpacify           | TION, 23b. DATE THEREOF                               | 23c. NAME OF CEMETERY         | OK CREMATORY                |                        |                                 | wn or county)    | (51)         | ate)     |
| Burial                      | 4-18-1962   | St. Thomas                    |                             | Garris                 | son Fo                          | rest             |              |          |
| 24 FUNERAL DIRECTO          | R'S SIGNATURE   | ADDRESS                       | 25a. F                      | REC'D BY REGISTR       | AR 256. RE                      | GISTRAR'S SIGN   |              |          |
| Frank H.                    | Newell Pike   | esv ille, Md.                 | DATE                        | MEN 10                 | 02                              | arthur S.        | Trans        |          |

VR A15 (4) 15M 7/61



TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

| MARYLAND | STATE | DEPARTMENT | OF HEALT |
|----------|-------|------------|----------|

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04181 04181

| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where decessed lived, If Institution: Res             |                                |
|--|---|--------------------------------|
| Baltimore MARYLAND  b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporete limits, write RURAL end of          | Itimore vive neeres! lown)     |
| Rural-Towson  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | Rural-Towson  d. Street Address  10. Compound on Pd. 20                   | e. IS RESIDENCE<br>ON A FARM?  |
| 10 Gunpowder Rd. 34  3. NAME OF First Middle Middle  | 10 Gunpowder Rd. 34   | YES NO NO                      |
|  | JRHOP OF DEATH April 24,19 DATE OF BIRTH 9. AGE (In yoors   IF UNDER 1 YI |                                |
| Male   White   WIDOWED   DIVORCED  | January 10,1877 85 yrs. Months De   | ys Hours Min.                  |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired exporter  Tea and Coffee  |   | SA                             |
| 13. FATHER'S NAME Unknown  | 14. MOTHER'S MAIDEN NAME Unknow n   |                                |
| (Yes, no, or unknown)   (If yes give wer or detes of service)  | NFORMANT Address  | a)ı Ma                         |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  | Heart Failure   | INTERVAL BETWEEN ONE AND DEATH |
| Conditions, Trony, which governise to Immediate couse (b) Aortic S   | tenosis   | 5 years +                      |
| (e), steting the underlying DUE TO Goronary A  | rteriosclerosis   | 10 years                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  Diabetes  Diabetes  Death But not  Diabetes  Do. Accident was underlying and particles  Do. Accident was underlying acd potential accidence of the property of the proper | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I               | PERFORMED?                     |
|  | (Enter neture of injury in Pert I or Pert II of item 18.)                 |                                |
|  | CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)                | (Stete)                        |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on April 23 1962 and that   | death occured 6.15/A, from the causes and on the                          |                                |
| Charles Shaw M.J.  | D. ATTENDING MED. STAFF DIRECTOR PHYS. D                                  | 24196 SIGNED                   |
| The state of the s | 5801 Loch Raven Blvd.,  | Balto. 12, M                   |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORRESPONDED BURIAL Spacify 4/26/62 Prospect Hi  |   | Jersey                         |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Cook-Towson, Inc. York Rd, Towson   | Md. DATE PB 26 62 Cuthun 2 1  |                                |

anomidia:

FIG. HOLF

offil, etc.

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10 Bunnovder Ed. 74 10 Bunnovder Ad.34

FINDSRICK D. BURNOR APP'I S'1,1962

January 1.0, 1877 ge

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Trances Poltberg-wien ir d. P. d.

Shirt Little Town

colored s. antro o.t. no the Sent Josh Josh Bayd., phits. M., To

Mac agree, by the trees

um scok-lowsen, no. ork 4d, lowson, Mr.

Purisl Walls Prospect Hill

VR A15 (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301

| 1  | 1. PLACE OF DEATH   | Lo Traver December (When december 1) is a final little Decider before admission  |
|----|---|--|
|    | Baltimore Maryland  | 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission)  a. STATE  Maryland  b. COUNTY  Baltimore |
|    | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)  Dundalk | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! town)  Dundalk                                      |
|    | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)                                      | d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  |
| -1 | 2980 Cornwall Road  | 2980 Cornwall Road YES NO X  |
|    | 3. NAME OF DECEASED (Type or print) JOHN THOMAS BUSCH   | Last 4. DATE Month Day Yeer OF DEATH April 11, 19 62   |
|    | 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B  | DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
|    | Male   White   WIDOWED K   DIVORCED   | Dec. 10, 1872 89 yrs.  |
|    | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Rigger               | Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A.                           |
|    | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
|    | Busch   | ?  |
| 4  |   | NFORMANT Address   |
|    | (Yes, no, or unkown) (If yesgive wer or dates of service) No. Mrs   | . James L. Stephenson 2980 Cornwall Road   |
|    | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]   | INTERVAL BETWEEN ONSET AND DEATH   |
|    | PART I. DEATH WAS CAUSED BY:  |  |
|    | IMMEDIATE CAUSE (a)   | no general contractions  |
| Н  | DUE TO if the le  | ends. with generalized   |
|    | Conditions, if eny, which (b)   | 2ib  |
|    | geve rise to immediate cause (a), stating the underlying DUE TO   |  |
| 4  | cause last. (c)   |  |
|    |   | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY   |
| /: | 0   | PERFORMED?   |
|    | 5   | YES NO   |
| -  | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | , (Enter nature of injury in Part I or Pert II of item 18.)  |
|    |   | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   |
|    | Hour e.m. While Not While lat work  | ory, street, office bldg., atc.)   |
|    |   | 10.111   |
|    | 21. I certify that (I) (this hospital) attended the deceased from   | and 1962 to Affect 11., 19.6.7 that (1) (we) last  |
| П  | saw the deceased alive on   | death occured at   |
|    | 22e. SIGNATURE  | ATTENDING MED. STAFF 1/ SIGNED   |
|    | The There w   | D. PHYS. DIRECTOR PHYS.  |
|    | 22c. PHYSICIANUS COLL   | 22d. ADDRESS   |
|    | NAME (TYPE) FUCENS F. NEVI  | 7001 MORNINGTON KOAU   |
| -  | 23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY   | OR CREMATORY 23d, LOCATION (City, town or county) (Stelle)   |
| 1  | REMOVAL (Specify)   |  |
| 2  | 2002  |  |
| 0  | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
|    | Ullrich Funeral Home Dundalk, Md.   | DATE APR 1 8 '62 arithur S. Kraug  |

|                          |  |                          | 25173           |
|--------------------------|--|--------------------------|-----------------|
| teroni ( pr              | a sociale period<br>privati<br>Marientis |                          |                 |
|                          | Maked<br>Lamot 70                        |                          |                 |
|                          |  |                          |                 |
|                          |  |                          |                 |
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|                          |  |                          |                 |
|                          |  |                          |                 |
|                          |  |                          |                 |
|                          |  |                          |                 |
| A S A No. A No. (ASA)    |  | 2000 2000<br>713 34 17 3 |                 |
| HIS THREE HOSTON LENGTHS |  |                          | L series of the |

MARYLAND STATE DEPARTMENT OF HEALTH

12186 CERTIFICATE OF DEATH 04183

|   | 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE               | (Where deceased lived, If i    |               | ence before a  | dmission)        |
|---|---|--|----------------------------------|--------------------------------|---------------|----------------|------------------|
|   | BALTIMORE   | MARYLAND   | e. STATE MARYLAI                 | ND b. COUN                     | TY            |                |                  |
| 4 | b. CITY OR TOWN (if outside corporate limits,<br>write RURAL end give nearest town) | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If o            | utsida corporate limits, write | RURAL end gi  | ve neerest tow | n)               |
|   | FORT HOWARD, MARYLAND   | 50 days  | BALTIMO                          | RE                             | 3             | VOI.           | 4                |
|   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hos                                   | spital, give street address)   | d. STREET ADDRESS                |                                |               |                | SIDENCE          |
|   |   | SPITAL   | 1947 W.                          | MULBERRY STE                   | REET          |                | NOX:             |
|   | 3. NAME OF first DECEASED   | Middla   | Last 4                           | . DATE Month                   | D             | ey Yeer        |                  |
|   | (Type or print) THOMAS  | H.   | BYRD                             | DEATH APRII                    |               | 26 19          | 62               |
|   | 5. SEX 6. COLOR OR RACE 7. MARRIE   | D NEVER MARRIED 1 8  | . DATE OF BIRTH                  | 9. AGE (In yeers               |               |                |                  |
|   | MALE NEGRO WIDOWE   |  | pril 18, 1894                    |                                | Months Day    |                | Min.             |
|   | done during most of working life, even if retired)                                  | CIND OF BUSINESS OR INDUSTR  |                                  |                                | 12. CITIZEN   | OF WHAT C      | OUNTRY           |
|   | Boiler Cleaner Smel   | lting &Refining  | Co Surrey Co                     | o. Virginia                    | U.S           | 5.A.           |                  |
|   | 13. FATHER'S NAME   |  | 14. MOTHER'S MAIDEN NA           | ME                             |               |                |                  |
|   | Doctor Byrd   |  | Mary J. Mo:                      | rgan                           |               |                |                  |
| 1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.                                   | SOCIAL SECURITY NO. 17. I  | NFORMANT Clinica                 | al Recordsdoro                 | . A. Ho       | spital         |                  |
| 1 | I [165, ho, or unkown)   (If yes cive war or dates of service)                      | 11   | rt Howard, Mas                   |                                |               |                |                  |
|   | 18. CAUSE OF DEATH [Enler only one cause per  |  |                                  |                                |               | INTERVAL BET   |                  |
| 3 | PART I. DEATH WAS CAUSED BY   | CARDIAL INFARCT  | TON                              |                                |               | 2 DAYS         | DEATH            |
|   | IMMEDIATE CAUSE (e) MILOC   | NUMBER THEN  | .TO14                            |                                |               | - 101111       |                  |
|   | DUE TO A POTTE  | ERTOSCLEROTIC H  | שפאקטים ייים איים                |                                |               | UNKNOW         | IN               |
|   | Conditions, if eny, which gave rise to immediate cause                              | TUTOPOTETIOTTO II  | TRAULT DIDENDE                   |                                |               | OHIDION        | 7.4              |
|   | (a), stating the underlying DUE TO  |  |                                  |                                |               |                |                  |
|   | cause last. (c)   |  |                                  |                                |               |                |                  |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CON   | TRIBUTING TO DEATH BUT NO  |                                  |                                |               | 19. WAS A      | UTOPSY<br>RMED?  |
| 0 |   | PROSTATIC HYPE   |                                  | MONARY EMPHYS                  | SEMA.         |                | NO .             |
|   | 208. ACCIDENT WAS UNDERLYING 1 208. DE  | CRIBE HOW INJORY OCCURED   | . (Enter neture of injury in Per | t I or Pert II of item 18.)    |               |                |                  |
|   | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                 |  |                                  |                                |               |                |                  |
|   | ZOc. TIME OF INJURY Month, Dey, Year   20d.   | INJURY OCCURRED   20e. PLA   | CE OF INJURY (Home, farm, )      | 2Df. (City or town)            | (County)      |                | (State)          |
|   | 20c. TIME OF INJURY Month, Dey, Year 20d. While Hour a.m. 19 et wo                  | THE TANK THE PARTY OF THE PARTY | ory, street, office bldg., etc.) |                                |               |                |                  |
|   |   |  | March 7                          | 62 . April a                   | 6 . 6         | · XoX          |                  |
|   | 21. I certify that (this hospital) atten  | iged the deceased from   |                                  | ·····, 10                      | 19.00         |                |                  |
|   | saw the deceased alive on April 20  | 19   | death occured a8:30              | M; from the causes             | and on the    |                |                  |
|   | 22e. SIGNATURE  |  | ATTENDING MED                    | D. STAFF                       | 4/26          |                | . DATE<br>SIGNED |
|   | Mong  | rahan M  | .0.                              | ECTOR PHYS.                    | 4/20          | 702            |                  |
|   | 22c. PHYSICIAN'S NAME (Type) THOMAS F. CRAHAI                                       | N M TA   | 22d. ADDRESS                     |                                |               |                |                  |
|   | NAME (Type) THOMAS F. CRAHAI  | N, M. D.   | VAH, FT.                         | HOWARD, MARY                   | LAND          |                |                  |
|   | 236. BURIAL, CREMATION, 236. DATE THEREOF   | 23c. NAME OF CEMETERY  | OR CREMATORY                     | 23d. LOCATION (City, to        | wn or county) | 0 15           | tete)            |
|   | MEMOVAL (Specify) 4-31-62   | Baltimor   | vnal-                            | Baltimo                        | w m           | w              |                  |
|   | 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS  |                                  | BY REGISTRAR   25b. REG        | GISTRAR'S SIG | NATURE         | 2                |
|   | Than O. Wilson,   | 1000 TC. C   | DATE S                           | AY 1 '62 (                     | arthur S.     | Kraue          |                  |
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death, Page 4 inc. be retained by the hospital or attending physician.

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death, Page 4 inc. be retained by the hospital or attending physician.

Z > TO TUCKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal; and in any event, within 72 hours after death. 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HOSPITAL

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TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 nm, be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH OALOA

|   |  |                              |  |                                    | 04 84                                  |
|---|--|------------------------------|--|------------------------------------|--|
| 1. PLACE OF DEATH   |  |                              | 2. USUAL RESIDENCE (Wh                 | ere decessed lived, If institution | on: Residence before edmission)        |
| a. COUNTY Ba  | ltimore,   |                              | e. STATE                               | b. COUNTY                          |  |
|   |  | MARYLAND                     | Md.                                    |                                    | -                                      |
| write RURAL and   | outside corporete limits, give neerest town) /   | CLENGTH OF STAY IN 16        | c. CITT OR TOWN (If ourside            | e corporate limits, writa RURAI    | . and give neerest town;               |
|   | keysville  |                              | BAITIM                                 | ore .                              | 3401.4                                 |
| d. NAME OF HOSPIT   | AL OR INSTITUTION (if not in by  | spitel, give street eddress) | d. STREET ADDRESS                      |                                    | . IS RESIDENCE                         |
| 6   | reenton Road   |                              | 1/18 1/08                              | Tha . not                          | ON A FARM?                             |
|   |  |                              | 1610 NON                               | MISOURNE                           | KG YES NO X                            |
| 3. NAME OF<br>DECEASED  | Mahar First 51:  | zabeth Carr                  | Last 4. D.                             |                                    | Day Year                               |
| (Typa or print)   | Mary Cu  | saver Carr                   | DE                                     | EATH April                         | 27 st. 19 02                           |
| 5. SEX  | 6. COLOR OR RACE 7. MARRI  | IED NEVER MARRIED 1 8        | . DATE OF BIRTH                        | 9. AGE (In yeers   IF UNE          | ER 1 YEAR   IF UNDER 24 HRS.           |
| t   |  |                              | 10 FEB DE                              | lest birthdey) Month               | s Deys Hours Min.                      |
| CEMPLE  | MHITE WIDOW  |                              | Int I can co                           | 54yrs.                             |  |
| done during most of wo  | ON (Give kind of work 10b. king life, even if retired)   | KIND OF BUSINESS OR INDUSTR  | Y BIRTHPLACE (County & Sta             | ite, or foreign country) 12.       | CITIZEN OF WHAT COUNTRY?               |
| 11  |  |                              | massaci                                | husetts .                          | USA BIRTH                              |
| 13. FATHER'S NAME   | in the   |                              | 14. MOTHER'S MAIDEN NAME               | 10000                              | C.J. S. IJIEL IN _                     |
| *   |  |                              |  | Come                               |  |
| 10466   | H WENE   | <b>)</b>                     | <b>LLIZA</b>                           |                                    |  |
| (Yes, no. or unknwn)   (If  | R IN U.S. ARMED FORCES?   16   | SOCIAL SECURITY NO. 17.      | NFORMANT                               | Address                            |  |
| 20  | 17   | 8187850                      | HUSBAND                                |                                    | SAMP.                                  |
|   | EATH [Enter only one cause per   | line for (e), (b), end (c),] | ( , , , , ,                            |                                    | I INTERVAL BETWEEN                     |
|   | WAS CAUSED BY:   |                              | -                                      |                                    | ONSET AND DEATH                        |
|   | MMEDIATE CAUSE (e)   | 1+EPATIC                     | TAILURE                                |                                    | 5405                                   |
|   | DUE TO .   |                              |  |                                    |  |
| Conditions, if any  | which (b)  | 21 157 2 17                  | ED CARCIN                              | Almora and                         | IVR                                    |
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| cause lest.   | (c)  | " HALECC                     | 415GINONA.                             | - PKCイク                            | OXK                                    |
| PART II. OTHER  | SIGNIFICANT CONDITIONS CO  | NTRIBUTING TO DEATH BUT NO   | OT RELATED TO THE TERMINAL DIS         | EASE CONDITION GIVEN IN F          | ART 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| TA .  |  |                              |  |                                    | YES NO                                 |
| PART II. OTHER  20e. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S LINDERI VING ET   20h DE   | SCRIBE HOW INTIRY OCCURE     | . (Enter nature of injury In Pert I or | Part II of item 18 )               |  |
| OR CONTRIBUTING   | CAUSE OF DEATH   | SCRIBE HOW INJOKE OCCORED    | . (Line) halare of injury in refit of  | ren n or nem ro.,                  |  |
|   | MEDICAL EXAMINER)  |                              |  |                                    |  |
| 20c. TIME OF INJUI  |  |                              | CE OF INJURY (Home, ferm, 20f.         | (City or town)                     | County) (State)                        |
| Hour a.m.   | Whi at we  | le Not While tact            | ory, street, offica bldg., etc.)       | 1 1                                |  |
| ≥ p.m.  |  | 4                            | -1/10/1                                | Aliata -                           | 0                                      |
| 21. I certify the   | a (I) (this hospital) after  | nded the deceased from.      | 4/19/14                                | 19/17/162                          | 19, that (1) (we) last                 |
| saw the deceas  | ed alive on  | /. 6. 39 and that            | death occured and                      | from the causes and c              | on the date stated above.              |
| 22a, SIGNATURE  | 20-  | 4 .                          |  |                                    | 22b DATE                               |
| W.  |  | a - dill                     | ATTENDING MED.                         | R PHYS.                            | A SIGNED                               |
|   | laxe.  | LECO CONTRA                  | 22d. ADDRESS                           | K                                  | 41410                                  |
| 22c. PHYSICIAN'S<br>NAME (Type)                                     | 2004 7 5   | 1115                         | 22d. ADDRESS                           | 0                                  | - 122 MI                               |
|   | JOUALY C   | , wood                       | YOUKKY                                 | CASEBONE.                          | toom xx m                              |
| 23e. BURIAL, CREMATIC   | N, 23b. DATE THEREOF   | 23c. NAME OF CEMETERY        | OR CREMATORY   23d.                    | LOCATION (City, town or co         | ounty) (Stella)                        |
| REMOVAL (Specify)   | 11/201/12  | Dulana                       | Calla Man                              | BAITIM                             | nno mi                                 |
| 19URIAL   | 7/24/61  | DUIANCY                      | Alley Mem.                             | 2/7/1/1/1                          | 0140 11101                             |
| 24 FUNERAL DIRECTOR   | (1 1) / (1 1   | TOF Hondand                  | /) /'                                  | REGISTRAR 256. REGISTRA            |  |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

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| 1. PLACE OF DEATH o. COUNTY Baltin  | more  | MARYLAND  | 2. USUAL RESIDENCE ( o. STATE  Marvland                  |   | . If institution: I<br>b. COUNTY<br>Ralt: |                | re admission)                           |
|---|---|---|--|---|---|----------------|---|
| b. CITY OR TOWN ( RURAL and give n Grays                                    | (If outside corporate limits, write nearest town)                     | c. LENGTH OF STAY IN 16                             |  | If outside corporate lin                    |   |                | rest town)                              |
| d. NAME OF HOSPI<br>OR INSTITUTION<br>River Ros                             | ITAL (If not in hospital, give stree<br>Bd                            | t address)  | d. STREET ADDRESS River Re                               |   |   |                | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                   | GEORGE C.   | Middle CAVEY  | Lost   | 4. DATE<br>OF<br>DEATH                      | Month                                     | Do             | y Yeor<br>19 62                         |
| 5. SEX Male   | 6. COLOR OR RACE 7. MA  | RRIED NEVER MARRIED DIVORCED DIVORCED               | B. DATE OF BIRTH  11-16-1879                             | 9. AG                                       | E (In years IF L<br>t birthday) Ma        |                | IF UNDER 24 HRS.<br>Hours Min.          |
| during most of wor Retired  13. FATHER'S NAME                               |   | e. KIND OF BUSINESS OR INDU                         | 14. MOTHER'S MAIDE                                       | t City, Md                                  |   | 12. CITIZEN O  | F WHAT COUNTRY?                         |
|   | ER IN U. S. ARMED FORCES? 1(If yes, give wor or dates of service)     | 3. SOCIAL SECURITY NO. 17.                          |  | River Road                                  | Address d. Grava                          | Md             |   |
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| CATIC   | HER SIGNIFICANT CONDITIONS  |   |  |   |   | IN PART 1(o) 1 | PERFORMED?                              |
|   | AS UNDERLYING [ 20b. DE<br>G [] CAUSE OF DEATH<br>Y MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURRE                           | D. (Enter noture of injury                               | in Port I or Port II of                     | item 1B.)                                 |                |   |
| 20c. TIME OF INJUI<br>Hour o. m.<br>p. m.                                   | Whil  |   | ACE OF INJURY (Home, for<br>ctory, street, office bldg., | orm, 20f. (City or tovetc.)                 | ~n)                                       | (County)       | (State)                                 |
| 21. I certify to olive on   | hat lattended the decederal 23, 19 Pahent B. To                       |   | n accurred of 4:15                                       | April 24 A. M., from the ADDRESS (Street, c | causes ond                                | an the da      |   |
| REMOVAL (Specify Burial   | 4-27-62   | 22c. NAME OF CEMETERY C                             |  |   | City, town, or ec                         |                | (State)                                 |
| 23. FUNERAL DIRECTOR  | r's signature<br>oothom, Ellicott                                     | · ADDRESS City, Md                                  | 24a. RI<br>DATE  | APR 2 6 '62                                 | 24b. REGISTRA                             |                |   |

TO HOSPITAL OR TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained the hospital or ottending physician.

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 2. USUAL RESIDENCE (Where decesed lived, If Institution; Residence before edmission) PLACE OF DEATH e. COUNTY the 12 MARYLAND hours after death. b. CITY OR TOWN (if outside corporele limits. pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (V outside corporete limits, write RURAL end give neerest town) Prite RURAL end give neerest town) TERSTOWN more Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF paper Day Year DECEASED HDY (Type or print) DEATH 1962 carbon DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and lest birthdey) WIDOWED L DIVORCED physician USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or lorgian country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Danville, Va. JUNK Collector
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending and Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no, or unkown) ! (If yes give wer or dates of service) signed by the 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EREBRAL THROM BUSIS IMMEDIATE CAUSE (e) burial-transit DUE TO ARTERIOSCIEROTIC C.V. DISEASE attending Conditions, if eny, which has been geve rise to immediate cause DUE TO (e), steting the underlying cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. PERFORMED? Se 9 NO F use . 200, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) OF CONTRIBUTING [ CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. DIRECTOR: 21. I certify that (this hospital) attended the deceased from...... 1962, and that death occured at 1.1.2. If from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. M.D. FUNERAL rector, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S, SIGNATURE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

MARYIAND STATE DEPARTMENT OF HEALTH

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OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before admission) e. COUNTY b. COUNTY LIIMOYE MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give neerest town) SSE Pages filled d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF DATE Year DECEASED OF (Type or print) DEATH 19 6 COLOR OR RACE | 7. MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED pue Hours WIDOWED A DIVORCED physician 940 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Va. usewhe 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending 16. SOCIAL SECURITY NO. INFORMANT level Address (Yes, no, or unkown) | (If yes give war or detes of service) 1B. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) peen Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying - Scloposis cause lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? CERTIFICA NO P 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) P OF CONTRIBUTING TI CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) DIRECTOR: Af factory, street, office bldg., etc.) While Not While Hour e.m et work et work 19 6: to any 6, 1962, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on ..... ....19. , and that death occured at . M, from the causes and on the date stated above, 220. SIGNATOR 22b. DATE ATTENDING FUNERAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, 1 23a. BURIAL, CREMATION (Stete) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 when I Thave DATE

RYLAND STATE DEPARTMENT OF HEALTH

229 Beech from Mile Krown a Sag Law to Law of the Sie (Sugar ) The stone Leave 1 120 17 1898 63 - Name of the James Charthager 33.9 Beech Smith 00000 ME STREET WITH THE Contract Schonsons Musical Jacobs To the Williams Hamis At Jacobs Ph. D. 1010 Watt & Block El Buttons Remark Street 8/62 THE LOW TO SHEWLERS HER HE COLD CONTRACT TO THE WAR THE

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04191 director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH o. COUNTY alxunore b. COUNTY Kaus MARYLAND 0 c. LENGTH OF STAY IN 16 (If autside corporate limits, write RURAL and give nearest town) b. CITY OR LOWN (If outside corporate/fimits, write RURAL and give nearest tawn shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS the OR INSTITUTION by 12 4. DATE NAME OF filled ges 1 DECEASED OF DEATH (Type or print) ages death. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last b hday) Manths 3 WIDOWED | DIVORCED [ YES. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even A retired) puo Housewe 28 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 9 physici remave 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) p Conditions, if ony, which gned permi gave rise to immediate DUE TO couse (o), stoting the underbeen si lying couse last. 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour a.m. While Nat while this ot work at wark After 21. I certify that (I) (this haspital) attended the deceased fram. detached 19 Yand that death accurred at 18 M, from the causes and an the date stated above. saw the deceased alive and FUNERAL DIRECTOR: age 3 shauld be detact 22a. SIGNATURE M.D. DIRECTOR | PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) page 3 sh the State 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF or county) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR APR 1 0 '62 VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL CALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then places emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14192 CERTIFICATE OF DEATH

04189

| Н   |               | PLACE OF DEATH a. COUNTY  |  |               |                            |                   | 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) |               |                      |           |           |          |          |           |
|---|---------------|---|--|---------------|----------------------------|-------------------|---|---------------|----------------------|-----------|-----------|----------|----------|-----------|
|   |               | BALTIMORE MARYLAND  |  |               |                            | IND               | b. COUNTY  b. COUNTY  |               |                      |           |           |          |          |           |
|   |               | b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   |  |               |                            |                   |   |               |                      |           |           |          |          |           |
| 1   |               | write RURAL and give nearest town)  |  |               |                            | DAT               | TMODE   | 2 7 7         |                      |           | 2         | 17/1     | . 4      |           |
| 0   |               | FORT HOWARD 2 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   |  |               | -                          | d. STREET ADDRESS | TIMORE  | 2 1 (         |                      |           | 2         | I a IS R | ESIDENCE |           |
|   |               |   |  |               |                            | "                 |   |               |                      |           |           |          | ON       | A FARM?   |
| Н   | -             | Veterans  | Administra                                     | tion I        | Iospital                   |                   |   | O BOLT        |                      |           |           |          | YES      | NO 3      |
|   |               | NAME OF<br>DECEASED   | First  |               | Middle                     |                   | Last  | 4. DATE       | E                    | Month     |           | Day      | Yae      | r         |
|   |               | (Type or print)   | HENRY  |               | J.                         |                   | COLE  | DEAT          | гн                   | APRI      | L         | 27       | 19       | 62        |
|   | 5.            | SEX   | 6. COLOR OR RACE                               | 7. MARRIED    | NEVER MARRIED              | 8.                | DATE OF BIRTH   | 1427          | 9. AGE (In last birt |           |           |          | IF UNDER |           |
|   | 7             | MATE  | NEGRO  | WIDOWED       | DIVORCED                   | Ser               | otember 1.  | 1893          | 68                   | yrs.      | Months    | Days     | Hours    | Min.      |
|   | 10a           | . USUAL OCCUPATIO   | ON (Give kind of work                          |               | ND OF BUSINESS OR IN       |                   | 11. BIRTHPLACE (Cou   | enty & Stete, | -                    | ountry)   | 12. CI    | TIZEN C  | F WHAT   | OUNTRY?   |
|   |               |   | king life, even if retired                     | 1)            |                            |                   | Boltimone   | Mamel         | and                  |           |           | II C     | A.       |           |
| 1   | _             | Janitor<br>FATHER'S NAME  |  |               |                            | 1.1               | Baltimore,  |               | Lanu                 |           |           | Uak      | 0.02.0   |           |
| 1   |               |   |  |               |                            |                   |   | 4 Marine      |                      |           |           |          |          |           |
|   |               | John Cole   |  |               |                            |                   | Elizabeth   |               |                      |           |           |          |          |           |
|   |               |   | R IN U.S. ARMED FOR Over give werordetes of se |               | OCIAL SECURITY NO.         |                   | INICAL RECO   | PIG           |                      | Addrass   |           |          |          |           |
|   |               | Yes   | WW I   | 21            | 9-01-1141                  | V                 | H, Fort Ho  | mard<br>ward  | Mamel                | and       |           |          |          |           |
|   |               | 18. CAUSE OF DE   | EATH [Entar only one                           | cause per lis | ne for (e), (b), and (c).] |                   | -,  |               | riar y i             | anu       |           |          | ERVAL BE |           |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)  BRONCHOPNEUMONT A |               |   |  |               |                            |                   |   |               |                      | 24 Hours  |           |          |          |           |
|   |               | S DUE TO  |  |               |                            |                   |   |               |                      |           |           |          |          |           |
|   |               | CARCITACINA OF CITOMACIA  |  |               |                            |                   |   |               |                      |           | 18 Mo     | nths     |          |           |
|   |               | geve rise to immedie  | ite cause                                      | CALL          | TINOPIA OF C               | TOPIA             | OII   |               |                      |           |           | -        | 10 110   | 110110    |
|   |               | (a), steting the un   | derlying                                       |               |                            |                   |   |               |                      |           |           |          |          |           |
| 7   |               | cause last.   | ) (c)_   |               |                            |                   |   | INIAL DIFFA   | CONDITI              | 011.011   |           | 7. 1/ )  | 0 1445   | LIZORCY   |
| -   | é             | PART II. OTHER  | SIGNIFICANT CONDIT                             | IONS CON      | KIBUTING TO DEATH          | BUI NOI           | KELATED TO THE TEKM   | INAL DISEAS   | SE CONDITI           | ON GIVE   | IN IN PAP |          | PERFC    | RMED?     |
|   | 3             |   |  |               |                            |                   |   |               |                      |           |           |          | YES K    | NO 📗      |
|   | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH |  |               |                            |                   |   |               |                      |           |           |          |          |           |
|   |               | (IF EITHER, NOTIFY  |  |               |                            |                   |   |               |                      |           |           |          |          |           |
|   | MEDICAL       | 20c. TIME OF INJUR  | RY Month, Day, Yae                             |               |                            |                   | OF INJURY (Home, fai  |               | City or town         | )         | (Co       | unty)    |          | (Stete)   |
|   | 103           | Hour a.m.   | 19   | While at work | Not Whila                  | Tactor            | y, street, office bldg., et   | (c.)          |                      |           |           |          |          |           |
|   | <             | p.m.  | tat XI) (this hospital                         | 1) -11        |                            |                   | E Annil   | 1062          | 27                   | Anni      | 7 10      | 62       | h-1 75   | (wa) last |
|   | 10            | 1/  | at M (this nospita                             | Anni 7        | ne deceased                | Irome             |   | 130.          | 102.                 | whit      | 17        |          | nar (A)  | (we) last |
|   |               | saw the decease   | ad alive on                                    | whirt         | 19.Q. and                  | d that d          | leath occured at.   | pigo tro      | om the c             | auses a   | and on    | the d    |          |           |
|   |               | 220. SIGNATURE  | un H   | XI            | 11/1                       |                   | ATTENDING   | MED.          | STAF                 |           |           |          | 228      | SIGNED    |
|   |               | / JEDL  | MUN C  | ice           | uff.                       | M.D               |   | DIRECTOR      | PHYS                 | . Ц       |           |          |          |           |
|   |               | 22c. PHYSICIAN'S<br>MAME (Type)   |  |               |                            |                   | 22d. ADDRESS  |               |                      |           |           |          |          |           |
|   |               |   |  |               |                            |                   |   |               |                      |           |           |          |          |           |
|   | 23a           | BURIAL, CREMATIC  | ON. 236. DATE THER                             | EOF           | 23c. NAME OF CEM           | ETERY O           | CREMATORY   | 23d. LC       | CATION (             | City, tow | n or coun | nty)     | (S       | tete)     |
|   |               | REMOVAL (Specify)   | 1-3-62   | 2             | Baltimore                  | Nati              | onal Cemet  | ery           | Balti                | more      | 28,       | Mar      | yland    | i         |
|   | 24            | FUNERAL DIRECTOR  | S SIGNATURE                                    | 10            | OO ADDRESS                 | 7                 | 25a. RE   | EC'D BY REG   |                      |           |           |          | _        |           |
| 9   |               | Elian C   | Wilson   |               | noully                     | luce              | DATE  | MAY 1         | 100                  |           | 7 -1      | 0 /      |          |           |
|   | _             | way o   | 01,000   | 14            | - Variation                |                   | TOATE   |               | -02                  |           | Isthma    | 1. 1     | enne.    |           |

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HEALTH DEPT

TO DEPUTY ML. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is passary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dir. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

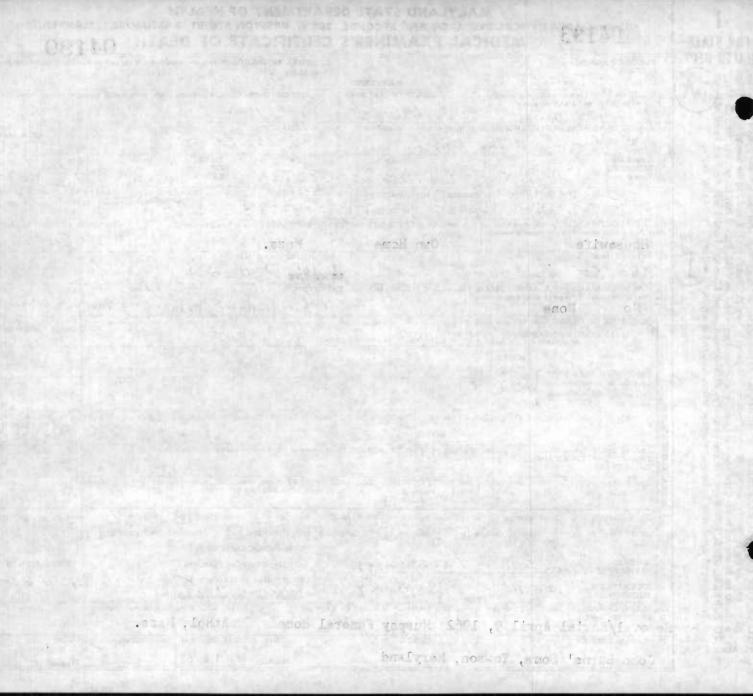
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| 1 1       | MARYLAND STATE DEPARTMENT OF HEALTH  |
|-----------|--|
| A         | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| FOR STATE | U4133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04400  |

| PLACE OF DEATH  a. COUNTY  ATTIMORE  MARYLAND  | II a second management   |  |  |
|--|--|--|--|
| (A A) = 1.44 A D =   |  | ICE (Where daceased lived, If institution  | Residence before admission)  |
| MARYLAND MARYLAND  | a. STATE MA  | S S . b. COUNTY  | 4  |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN  | If outside corporata limits, writa RURAL ar  | nd give nearest town)  |
| write RURAL and give nearest town) LUTHFRVILLE 6 1+RS  | ATH  | 0 4  | 50x.3  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)   | d. STREET ADDRESS  |  | I e. IS RESIDENCE  |
| 113 SHETLAND HILLS DRIVE   | 32 OLI   | VER ST.  | ON A FARM?   |
| NAME OF First Middle   | Last   | 4. DATE Month  | Day Year   |
| (Type or print) MARY CATHERINE   | COLTON   | DEATH ARRIL  | 9 1962   |
| 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED   | 5-18-92  | 9. AGE (In years IF UNDER last birthday) 6 9 yrs.  | 1 YEAR   IF UNDER 24 HRS.   Days   Hours   Min.  |
| Oa. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired)   | TRY   11. BIRTHPLACE (State  |  | TIZEN OF WHAT COUNTRY  |
| Housewife Own Home   | Mass.  |  | USA  |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN  | NAME   |  |
| RUBERT GLASHEEN  | basephine Doc  | LAN  |  |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   | INFORMANT  | Address  |  |
| Manager and the second of the  | CS MARY MACLA  | CIUS DAR FATER, 113 SHE  | ETLAND HUK O   |
| NO NONE  1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]   | Con MITTING  | CINS COTE POPER !! SON   |  |
|  | 1  |  | ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY I CEREBRO-VASCUL   | WR HCCIDI  | ENI  | 1 MIN  |
| DUE TO   |  |  |  |
| Conditions, if eny, which (b)  |  |  |  |
| gave rise to immediate cause   |  |  |  |
|  |  |  |  |
| (e), stating the underlying  |  |  |  |
| cause last. (c)  | OT RELATED TO THE TERMI  | NAL DISFASE CONDITION GIVEN IN PAR   | T (a) 19 WAS AUTOPSY   |
| cause last. (c)  | IOT RELATED TO THE TERMI   | NAL DISEASE CONDITION GIVEN IN PAR   | PERFORMED?   |
| cause last. (c)  |  |  |  |
| cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  2Db. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  |  |  | PERFORMED?   |
| Columbia    |  | rt I or Part II of item 18.)<br>m, ; 20f. (City or town) (Coi  | PERFORMED?   |
| Columbia    | (Enter nature of injury In Per<br>ACE OF INJURY (Home, farr<br>ctory, street, office bldg., etc  | rt I or Part II of item 18.)  m, 20f. (City or town) (Con  | YES NO D   |
| cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year About 19 at work 19 at work 19 at work 21. I certify that I took charge of the remains described above, In the control of th | (Enter nature of injury In Per<br>ACE OF INJURY (Home, farr<br>ctory, street, office bidg., etc  | m, 20f. (Cily or town) (Con  | PERFORMED? YES NO  |
| cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year About the Control of the Control o | (Enter nature of injury In Per<br>ACE OF INJURY (Home, farm<br>clory, street, office bldg., etc<br>neld an Autopsy,<br>cide, Homicide  | nt I or Part II of item 18.)  m, 20f. (City or town) (Continuous Inquiry Inqui | YES NO D   |
| Cause last.   Cc   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  | (Enter nature of injury In Per<br>ACE OF INJURY (Home, ferr<br>ctory, street, office bldg., etc<br>neld an Autopsy,<br>cide, Homicide<br>CHIEF MEDICAL   | Inspection Inquiry Undetermined manner   | YES NO No No number Number No Number No Number Number No Number Nu |
| cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year About 19 at work 19 at work 19 at work 21. I certify that I took charge of the remains described above, In the control of th | (Enter nature of injury In Per<br>ACE OF INJURY (Home, ferr<br>ctory, street, office bldg., etc<br>neld an Autopsy,<br>cide, Homicide<br>CHIEF MEDICAL   | nt I or Part II of item 18.)  m, 20f. (City or town) (Continuous Inquiry Inqui | YES NO   |
| Columbia    | (Enter nature of injury In Perander of INJURY (Home, farretory, street, office bldg., etc.)  acide, Homicide, Homicide, ASSISTANT MEE, AGSISTANT MEE, Addrass (Street, Addrass (St                                 | Inspection Inquiry Inquiry Undetermined manner EXAMINER INCLE EXAM | YES NO Description  And in my opinion  DATE SIGNED  4-9-62-  |
| Course   Institute   Course    | (Enter nature of injury In Perander of INJURY (Home, farretory, street, office bldg., etc.)  Acce OF INJURY (Home, farretory, street, office bldg., etc.)  The definition of the control o | Inspection Inquiry Inq | YES NO Description  And in my opinion  DATE SIGNED  4-9-62-  |
| Course   Institute   Course    | (Enter nature of injury In Perander of INJURY (Home, farretory, street, office bldg., etc.)  Acce OF INJURY (Home, farretory, street, office bldg., etc.)  The definition of the control o | Inspection Inquiry Inquiry Undetermined manner EXAMINER INCLE EXAM | YES NO Description  And in my opinion  DATE SIGNED  4-9-62-  |
| Course last.   Cc   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PRIMARY OF COURTED AND PART II. OTHER SIGNIFICANT OF SIGNIFICAN   | (Enter nature of injury In Per ACE OF INJURY (Home, farrictory, street, office bldg., etc.)  meld an Autopsy,  icide, Homicide  CHIEF MEDICAL  M.D. ASSISTANT MED  DEPUTY MEDICAL  Addrass (Street,  OR CREMATORY  BY ALL HOME   | Inspection Inquiry Inq | PERFORMED?  YES NO D  and in my opinion  DATE SIGNED  4-9-62-  (State)   |

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| O DEPUTY INTUICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madrical Examiner's Office along with form DM3. Date 5 may be relatined for your file.       | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages I and 2 with the State Board of Lestin. | its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. | d   | 1 |
| DE  | FU   | its   |     |   |
| 094   | 0  | 6   |     |   |
| TO DEPUTY PROJECT EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examinary Office along with from PM3 Page 5 may be received for your files. | [-1  |   | 0   |   |
| 5M 9  | 60   | 1   | 2   |   |
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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

tem |FilmG312 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Rosedale Baltimore #24 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Hgts. e. IS RESIDENCE ON A FARM? American Oil Station YES NO T 1309 DeMarcy Way (O&Donnell 3. NAME OF Middle 4. DATE DECEASED (Type or print) FREDERICK AMBROSE DEATH CONRAD April 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR JF UNDER 24 HRS. last birthday) Months Deys Hours Male White WIDOWED [ Jan. 15.1921. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSHNESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Attendant Gas Station. Cresson . Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter A. Conrad Gertrude T. Switzler. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Yes W.W. II 184-16-5344 Gertrude T. Conrad Same. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Shotgun wound of brain DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO . 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY 30 or CONTRIBUTING IT CAUSE OF DEATH. Shot by unknown assailant during holdup 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Dey, Year (County) (Stele) fectory, street, office bldg., etc.) While Not While 10 62 | et work X | et work | Amer. Oil Station Baltimore, Maryland 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4/16/62 EXAMINER'S NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) REMOVAL (Specify) Burial Baltimore National Cem. 5501 Frederick 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE IPR 1 9 '62 arthur & Kroug Balto. 24.Md. DATE

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death. Page 4 may be retained by the hospital or attending physician.

Zet to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04192

| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Baltimore MARYLAND   | b. COUNTY Maryland   |  |  |  |  |  |  |  |  |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)   |  |  |  |  |  |  |  |  |
| write RURAL and give nearest town)   | 2111.4   |  |  |  |  |  |  |  |  |
| Fort Howard  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  | Baltimore  d. STREET ADDRESS  o. IS RESIDENCE  |  |  |  |  |  |  |  |  |
| d. NAME OF MOSPITAL OR INSTITUTION (II not in nospital, give steel eddress)  | ON A FARM?   |  |  |  |  |  |  |  |  |
| Veterans Administration Hospital 3. NAME OF Middle   | 1633 McCulloh Street   |  |  |  |  |  |  |  |  |
| 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Dey Year OF   |  |  |  |  |  |  |  |  |
| (Type or print) JOHN I   | COOK   DEATH April 16 19 62  |  |  |  |  |  |  |  |  |
|  | 8. DATE OF BIRTH .   9. AGE (fn years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |  |  |  |  |  |  |  |  |
| The second of th | last birthday) Months Deys Hours Min.  |  |  |  |  |  |  |  |  |
| Male   Colored   WIDOWED   DIVORCED   100. USUAL OCCUPATION (Give kind of work   100. KIND OF BUSINESS OR INDUST   |  |  |  |  |  |  |  |  |  |
| done during most of working life, even if retired)   | KI II. BIKINFLACE (County & Stele, of foleign country)   |  |  |  |  |  |  |  |  |
| Messenger Vecual Jecurity  | Allegheny County Virginia U.S.A.   |  |  |  |  |  |  |  |  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |  |  |
| Tahm Caala   | Blanche Hill   |  |  |  |  |  |  |  |  |
|  | INFORMANT Address  |  |  |  |  |  |  |  |  |
| (Yes, no, or unkown) (Ifyes give war or datas of sarvica)  | J. D. WAN Front House & Marrie &   |  |  |  |  |  |  |  |  |
|  | in Rec VAH Fort Howard Maryland  |  |  |  |  |  |  |  |  |
| 100000000000000000000000000000000000000  | ONSET AND DEATH  |  |  |  |  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY:  MANEDIATE CAUSE (a)  BRONCHOPNEUMONIA  | 5 days   |  |  |  |  |  |  |  |  |
| DUE TO   |  |  |  |  |  |  |  |  |  |
| Conditions, if any, which (b)  |  |  |  |  |  |  |  |  |  |
| gave rise to immediate cause   |  |  |  |  |  |  |  |  |  |
| (a), stating the underlying DUE TO   |  |  |  |  |  |  |  |  |  |
| cause last. (c)  | TO THE TOWN AND THE PERSON AND THE P |  |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  Metastatic Squamous Cell Carcinoma, Right Lung  YES NO E  |  |  |  |  |  |  |  |  |  |
| Metastatic Squamous Cell Carcinoma,  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | OR CONTRIBUTING ☐ CAUSE OF DEATH   |  |  |  |  |  |  |  |  |
|  | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  |  |  |  |  |  |  |  |  |
| Hour a.m. While the st work at work  | ctory, street, office bidg., etc.)   |  |  |  |  |  |  |  |  |
|  | 7.1 00 (0 1.7.7)   |  |  |  |  |  |  |  |  |
| 21. I certify that (this hospital) attended the deceased from  |  |  |  |  |  |  |  |  |  |
| saw the deceased alive on April 16   | at death occured an  |  |  |  |  |  |  |  |  |
| 22e. SIGNATURE   | ATTENDING MED. STAFF SIGNED  |  |  |  |  |  |  |  |  |
| Otreeman   | M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X   |  |  |  |  |  |  |  |  |
| 22c, PHYSICIAN'S   | 22d. ADDRESS   |  |  |  |  |  |  |  |  |
| NAME (Type) IRVING FREEMAN. MD . Chief, M.   | edical Service VAH Ft Howard, Md   |  |  |  |  |  |  |  |  |
|  | 4444   |  |  |  |  |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 4/26/62 Baltimore Nat  |  |  |  |  |  |  |  |  |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |  |  |
| William I. Chatman Jr. 1701 McCulloh   | St Baltopan APR 1 8 '62  |  |  |  |  |  |  |  |  |
| MITTIGHT TO CHAMMAN ST. TIOT MCCHITON  | St Balto Md MR 18 62 Coming of Theres  |  |  |  |  |  |  |  |  |

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William I. Commun Jr. 1/01 recallon Bt Balto Mi

# 04196

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

## **CERTIFICATE OF DEATH**

04193

|   | 1. PLAC<br>a. CC |  |
|---|------------------|--|
| 1 | b. CIT           |  |
|   |                  |  |

| a. COUNTY Be   | ltimore  |                  | MARYLAND          | o. STATE   | aryland                | b. COUNTY                               | Balti         |   |            |
|--|--|------------------|-------------------|--|------------------------|---|---------------|---|------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville  54 yrs. |  |                  | c. CITY OR TOV    |  | orate limits, write R  | URAL and give                           | nearest town) |   |            |
| d. NAME OF HOSPIT<br>OR INSTITUTION  | AL (If not in hospital, gi   |                  | rue               | d. STREET ADD                                      |                        | ont Aven                                | 10            | e. IS RESIDENT<br>ON A FARA<br>YES NO   | M?         |
| NAME OF<br>DECEASED<br>(Type or print)   | First No.  | llie E.          | Middle<br>Cooke   | Lost   | 4. DATE<br>OF<br>DEATI | Man                                     | April         |   |            |
| Female   |  | 7. MARRIED [] I  | DIVORCED _        | 8. DATE OF BIRTH                                   | 1879                   | 9. AGE (In years last birthday) 82 yrs. | -             | YEAR IF UNDER 24<br>bys Hours M         | HRS.       |
| JUSUAL OCCUPATION during most of work  | DN (Give kind af work diking life, even if retired)  |                  | F BUSINESS OR INC | OUSTRY 11. BIRTHPLACE                              |                        | country)                                |               | S. A.                                   | TRY?       |
| FATHER'S NAME  | John R. Mc (   |                  |                   | 14. MOTHER'S MA                                    | AIDEN NAME             | zabeth MG                               |               |   |            |
| WAS DECEASED EVE   | R IN U. S. ARMED FORC<br>(If yes, give war or dates of ser   | ES? 16. SOCIAL   |                   | informant  |                        | Add                                     | ress          | 18, 1<br>St. Balte                      |            |
|  | ATH [Enter only one country on |                  |                   | HEMORRH  | HAGE                   |   |               | INTERVAL BETWEE                         | TH         |
| Canditians, if a gave rise ta i cause (a), stating lying cause last.                                   | mmediate (   | HIPERT           | ENSIVE            | CV T   | ISEASE                 |   |               | 2 YR                                    | 5          |
|  | ) (c)<br>HER SIGNIFICANT COND  | DITIONS CONTRIB  | UTING TO DEATH B  | UT NOT RELATED TO TH                               | HE TERMINAL DISEA      | SE CONDITION GIV                        | EN IN PART 1  | (a) 19. WAS AUTO<br>PERFORMED<br>YES NO | D?         |
| 20a. ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY  | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  | 20b. DESCRIBE HO | OW INJURY OCCUR   | RED. (Enter nature af in                           | ijury in Part I ar Pa  | art II of item 1B.)                     |               | 134 M.                                  |            |
| 20c. TIME OF INJUR<br>Haur a. m.<br>p. m.  | Y Manth, Day, Yea  | While No         |                   | PLACE OF INJURY (Har<br>factory, street, affice bl |                        | ty ar tawn)                             | (Cou          | unty) (S                                | State      |
| 21. I certify that   | nt (I) (t <del>his hospital</del> )<br>sed alive an <i>1971</i>  | attended the     | deceased fram     | n JAN 4<br>I death accurred o                      |                        | APR. 30 n the causes ar                 |               | , that (I) (we)<br>late stated abo      |            |
| 22a. SIGNATURE   | Olen 7. x  | please           | Lei               | M.D. ATTENDING PHYS.                               | MED.<br>DIRECTOR       | STAFF PHYS.                             |               | P. MAY Z                                | TE<br>SNED |
| 22c. PHYSICIAN'S   | John F. Sc   | chaefer 1        | M. D.             | 22d. ADDRESS<br>401 Rai                            | ndom Rd.               | Baltimore                               | - Bal         | to., M.                                 |            |
| a. BURIAL, CREMATIC<br>REMOVAL (Specify)   | 5/3/190  |                  | Loudon 1          |  |                        | ATION (City, tawn, Baltimore)           |               | (State)                                 |            |
| FUNERAL DIRECTOR   |  | . /              | DDRESS            |  | Sa. REC'D BY REGI      | STRAR 2Sb. REGI                         | STRAR'S SIGN  |   |            |

may be revained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 share the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haur after death. VR A1S (4) 1SM 9/59

TO HOSPITAL OR

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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> Catomaville 54 yrs. Catonsville

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Seamstress Self employed Maryland U. B. A.

John R. Mc Come Mary Elivebert Street

.81 216-07-3592 Mrs. Pertha H. Prayer 1114 E. 30th. St. Belto.

John F. Scienfor M. D. 401 Bandon Md. Haltimore - Bulto., Md.

Doriel 5/3/1962 Lovdon Dark Baltimore, M.

Cetomaville, M.

| MARYLAND | STATE DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|------------------|----|-------------------|----|
| 04197    | CERTIFICATE      | OF | DEATH             |    |

| CERTIFICATE OF DEATH | Reg. Dis 01194 |
|----------------------|----------------|
|----------------------|----------------|

| -        |  |
|----------|--|
| 1.       | PLACE OF DEATH COUNTY Palturore - 19 - MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE MD. AD b. COUNTY BALTO.   |
| 1        | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town of the start |
|          | d. STAME OF HOSPITAL (If not in haspital, give street address) It Pal d. STREET ADDRESS 12914 SPARR dws e. IS RESIDENCE ON A FARM?  YES NO.  |
| 3.       | MAME OF DECEASED (Type or print) Charlotte May Cousins Last 4. DATE OF DEATH APR. 20 1962  |
| E        | SEX   6. COLOGOR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost bishbday)   William    |
|          | a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  Leanures  12. CITIZEN OF WHAT COUNTRY?  Leanures  12. CITIZEN OF WHAT COUNTRY?  Leanures  13. A.  |
|          | Charles alexander De Vaughn Farah Frances Frey.  |
|          | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. Of unknown) (If yes, give war or dates of service) 212-03-8.523 Emma Mack. R10. Balts 19-mg   |
|          | 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UMA CAUSELLE FAILURE  INTERVAL BETWEEN ONSET AND DEATH SURVEY.  |
|          | Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (b)  Canditions of worder blueded - 5 years  Candition of worder blueded - 5 years  Candition of worder blueded - 5 years  Candition of worder blueded - 5 years  Canditions of worder blueded - 5 years  Candition of worder blueded - 5 years   |
| CATION   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  1 YES  NO   10. PART II. OTHER SIGNIFICANT CONDITIONS  11. PART II. OTHER SIGNIFICANT CONDITIONS  12. PART II. OTHER SIGNIFICANT CONDITIONS  13. PART II. OTHER SIGNIFICANT CONDITIONS  14. PART II. OTHER SIGNIFICANT CONDITIONS  15. PART II. OTHER SIGNIFICANT CONDITIONS  16. PART II. OTHER SIGNIFICANT CONDITIONS  17. PART II. OTHER SIGNIFICANT CONDITIONS  18. PART II. OTHER SIGNIFICANT CONDITIONS  18. PART II. OTHER SIGNIFICANT CONDITIONS  19. PART III.  |
| 1 CERTIF | 20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  |
| MEDICAL  | 20c. TIME OF INJURY Manth, Day, Year Part 20d. INJURY OCCURRED While Nat while at wark at wark at wark 19 at wark 19 Not work  |
|          | 21. I certify that I attended the deceased fram OCF 28 , 19 00, to after 20 , 1902, that ( last saw the deceased alive an alive an alive and on the date stated above.   |
|          | ACTUAL SIGNATURE SELLEN Golden M.D. 6408 N. Ot. Rd. 4/20/62  |
|          | PHYSICIAN'S LOUIS N. TORKIN Balto-19-ml  |
| 122      | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BALTO, CO. MATIGNAL BALTO, CO. MD.  |
| 23       | HUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 26c. REC'D BY REC'D BY REGISTRAR 26c. REC'D BY REC'D BY REC'D BY REC'D BY REC'D BY REC'D |
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TO HOSPITAL.

GATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF 100 CFRTIFICATE OF DEATH

| 25   |  | U2130  | 04130  |
|--|--|--|--|
| 1  |  | PLACE OF DEATH   | SUAL RESIDENCE (Whare dacaased lived, If institution, Residence before admission)  |
|  |  | Baltimore MARYLAND   | Mary land b. county Saltimore  |
| 1  | Ł  | b. CITY OK TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. write RURAV and gife gearest town)  | CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)  |
|  | K  | Rural- Farkton 8xrs. Ri  | iral-Parkton X   |
|  | -  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | STREET ADDRESS ON A FARM?  |
|  |  | York Rd.   | York Kd. YES NO N  |
|  |  | NAME OF First Middle   | Last 4. DATE Month Day Yeer  |
|  |  | (Type or print)  | DEATH APTIL 22 1962  |
| gr.  | 5.   | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE  | OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.   |
|  |  | WIDOWED DIVORCED TO 1/3 Y  | 24 1992   Months Days Hours Min.   |
|  |  | 00. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11.  | BIRTHPLACE (County & State, or greign country)   12. CITIZEN OF WHAT COUNTRY?  |
|  | dor  | done during most of working life, even if ratirad)   | (hiteHall Md. (1) A  |
|  | 13.  | 3. FATHER'S NAME 14. M   | OTHER'S MAIDEN NAME  |
| 1  |  | David Hears  | 1 on to a ulm  |
|  | 15.  |  | Addyss Addyss  |
|  | (Yas   | Yas, no or ankown) (Ifyasgivewarordatesofsarvica)  | ingen Millary (Tark lan Ma D. A.   |
|  | -  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN   |
|  |  | PART I. DEATH WAS CAUSED BY: AND TO COA  | ONSET AND DEATH  |
|  |  | MMEDIATE CAUSE (a) Proper Census Circ  | to the tarte of th |
|  |  | 743 X DUE TO   |  |
|  |  | Conditions, if any, which gave rise to immediate cause   |  |
| 8  |  | (a), stating the underlying DUE TO   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH |  |  | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY   |
|  |  |  | PERFORMED?   |
|  | 5  | A CCIDENT WAS INDEED VINO EL LON DESCRIPE HOW INTURY OCCUPED VINO  |  |
|  | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part II of Itam 18.)  CR CONTRIBUTING   CAUSE OF DEATH |  |  |
|  |  |  | INJURY (Home, farm, 20f, (City or town) (County) (Stata)   |
|  | MEDICAL  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF I While Not While factory, stree   | at, office bldg., atc.)  |
|  | ME   | p.m. 19 at work at work  | 59 684 /1-   |
| 21. I certify that (I) (this hospital) attended the deceased from  |  |  |  |
|  |  |  |  |
|  |  |  | TTENDING MED. STAFF 226. DATE SIGNED   |
|  |  | - 12 me  | HYS. DIRECTOR PHYS. D  |
|  |  | NAME (Typa)  | PARKTON MJ   |
|  |  | MINISTER OF CONTROL OF |  |
| 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY   |  |  | To to No 1 Engador Paison  |
|  | 2  | Durial Apillar, Marken / recom   | 25a. PC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| 1  | 124/   | FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 0 -1 0 4   |
| (  | 4.   | Sacate Harlenseem, Heur 77 readom,   | Q, DATE APR 2 4 162 Cultury J. Thomas  |

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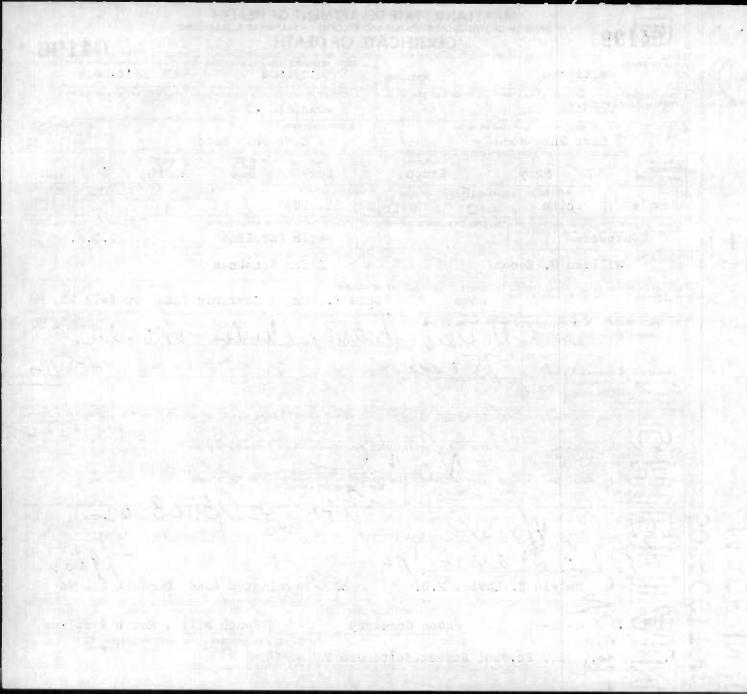
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 041 | Q | C |
|-----|---|---|
|     |   | U |

| a. COUNTY Baltimore MARYLA   | o. STATEMaryland b. COUNTY Baltimore   |  |  |  |  |
|--|--|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give parest lown k 22  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dundalk 22             |  |  |  |  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION East Ship Road  | d. STREET ADDRESS  1 East Ship Road  e. IS RESIDENCE ON A FARM? YES □ NO ▼                               |  |  |  |  |
| 3. NAME OF First Middle DECEASED (Type or print) Mary Eason  | Cox death April 8 1962   |  |  |  |  |
| S. SEX female  6. COLOR OR RACE white  7. MARRIED → NEVER MARRIED WIDOWED □ DIVORCED   | On 1000   Manths Days Hours Min.   |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife   | INDUSTRY 11. BIRTHPLACE (State or foreign country)  North Carolina  12. CITIZEN OF WHAT COUNTRY?  U.S.A. |  |  |  |  |
| William W. Eason   | 14. MOTHER'S MAIDEN NAME Eliza Stephens  |  |  |  |  |
| 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no.   | Louis T. Cox, 1 EastShip Road, Dundalk 22, Md  |  |  |  |  |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT   | TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?       |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | CURRED. (Enter nature of injury in Port I or Port II af item 18.)  |  |  |  |  |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  21. 1 certify that (I) (this hospital) ottended the deceased from 190 that death accurred of PM, from the couses and on the date stoted above.  21. 22a. 5IGHATURE  22c. PHYSICIAN'S NAME (Type) Melvin B. Davis, M.D.  20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  40f. (City or town) (County) (Stote) |  |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET 4-10-62 Eason Ce  | TERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  |  |  |  |  |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm.Cook, Inc., 1217 St.Paul Street, Ba  | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE  |  |  |  |  |



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|     | death. Page 4 may be retained by the hospital or attending physician. | STO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it. The funeral | director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should | with  |     |
| 5   | -   | CNI   | tor,   | 8     |     |
| **  | leat  | F   | lirec  | 9     |     |
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15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04200 CERTIFICATE OF DEATH 1. PLACE OF DEATH 8. COUNTY BALTOM I TE 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasida Mary land

| b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL end  | give naarast lown)                     |
|--|--|--|
| nural - Cockeysrille 14r.  | Baltimore  | 2111.4                                 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS  | . IS RESIDENCE                         |
| Md. Masonic Home   | 2872 Huntard Rd.   | YES NO                                 |
| 3. NAME OF First Middle  | Last 4. DATE Month   | Day Year                               |
| (Typa or print) I lary Elizabeth Cr  | -autord DEATH April  | 20 1962                                |
| 7. MARKIED   NEVER MARKIED   | DATE OF BIRTH  9. AGE (In years   IF UNDER 1'  |  |
|  | Oct. 26, 1887 77 yrs. 1000000  | Days Hours Min.                        |
| 10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, avan if retirad)  |  | ZEN OF WHAT COUNTRY?                   |
| Housewife -  | Buttimore City, Md. U  | SA.                                    |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |
| John Huber   | Many Gorman  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II (Yes, no, or unkown)   (Ifyasgiyawarordatesofsarvice)   | NFORMANT Address   | 11 m.                                  |
| No 111.  | asomie Home - Accords - Cockey   | sville, I'ld.                          |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |  | INTERVAL BETWEEN ONSET AND DEATH       |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY SC!  | erosis   | 1 dry                                  |
| 42011 0115 70  |  | 1                                      |
| Conditions, if any, which > (b) Grenalized on to   | evios clunosis   | - M-6-3-8                              |
| gave rise to Immadiata causa   |  |  |
| (a), stating the undarlying DUE TO   |  | 1 1/3 Y 1                              |
| causa last. (c)  | A STEATED TO THE TRANSPORT OF THE TOTAL CONTRACT OF THE TOTAL CONT | TO THE PART ATTORNEY                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  | F RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  | 1(e) 19. WAS AUTOPSY PERFORMED? YES NO |
|  | (Enter nature of Injury in Part f or Part II of itam 18.)  |  |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |
|  | CE OF INJURY (Homa, farm, 20f. (City or town) (Cour  | nty) (Stata)                           |
| Hour a.m.  p,m.  19  Whila Not While at work at work   | pry, straet, offica bldg., atc.)   |  |
| 21. I certify that (I) (this hospital) attended the deceased from  | Get 196/ 10 april 196  | 2, that (I) (we) las                   |
| saw the deceased alive on april 20 1962, and that  | death occurred a6:30 M from the causes and on the  |  |
| 22a. SIGNATURE   | death occurred diministry from the educate and of the  | 22b. DATE                              |
| 91.14 611.11   | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  | 4/2 SIGNED                             |
| 22c. PHYSICIAN'S   | D. PRIS. DIRECTOR PRIS. 1  | 720/62                                 |
| NAME (Type) Elizabeth B. Sherrill M)   | Cackaysville Md.   |  |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C  | OR CREMATORY 23d. LOCATION (City, town or county   | (State)                                |
| Burial Apr. 23.1962 Mt. Olive  | t Cemetery Baltimore, Ma   | arvland                                |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S   |  |
| William Cook, Inc. 1217 St. Paul   | Ctmoot   | District Control of the                |
| The state of the s | SCREET DATE PR 2 4 162   |  |

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|                        | MARYLAND STATE DEPARTMENT OF HEALT             | H .                          |
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| IVISION OF STATISTICAL | L RESEARCH AND RECORDS, 301 W. PRESTON STREET, | <b>BALTIMORE 1, MARYLAND</b> |
| 04201                  | CERTIFICATE OF DEATH                           | 04198                        |
|                        |  |                              |

|  | 2.002                                |                                 |                               |                          |                      | O TT            |                         |
|--|--------------------------------------|---------------------------------|-------------------------------|--------------------------|----------------------|-----------------|-------------------------|
| 1. PLACE OF DEATI                      | н                                    | 1                               | 2. USUAL RESIDEN              |                          |                      | Residence befo  | ore edmission)          |
| Baltimo                                | re                                   | MARYLAND                        | a. STATE Mary                 | land                     | b. COUNTY            |                 |                         |
|  | if outside corporate limits,         | c. LENGTH OF STAY IN 16         | c. CITY OR TOWN (             | If outside corporete l   | imits, write RURAL a | nd give neerest | town)                   |
| Fort Ho                                | d give nearest town)<br>พมาณี        | 2 Hours 35 Min                  | . Balt                        | imore                    | 2                    | V01-4           | 4                       |
|  | TAL OR INSTITUTION (if not in he     |                                 | d. STREET ADDRESS             |                          |                      |                 | IS RESIDENCE            |
| Veteran                                | s Administratio                      | n Hospital                      | 1437                          | Mulliken                 | Court                |                 | ON A FARM?              |
| . NAME OF                              | First                                | Middle                          | Last                          | 4. DATE                  | Month                | Day             | Year                    |
| (Type or print)                        | James                                | P.ERNEL                         | L Cromwell                    | OF<br>DEATH              | April                | 6               | 1962                    |
| S. SEX                                 | 6. COLOR OR RACE 7. MARR             | IED NEVER MARRIED 8.            | DATE OF BIRTH                 |                          | (In yeers   IF UNDER |                 | NDER 24 HRS.            |
| Male                                   | Negro WIDOW                          |                                 | uly 5, 1913                   |                          | 8 yrs. Months        | Days Hou        | ırs Min.                |
| Os. USUAL OCCUPAT                      | ION (Give kind of work   10b.        | KIND OF BUSINESS OR INDUSTRY    |                               |                          | n country) 12, C     | ITIZEN OF WH    | AT COUNTRY              |
|  | orking life, even if retired)        | aper Box Factory                | Baltimor                      | re, Maryla               | nd                   | U.S.A.          |                         |
| Laborer<br>3. FATHER'S NAME            |                                      | aper DOX racoory                | 14. MOTHER'S MAIDEN           | NAME                     |                      |                 |                         |
| * 0                                    |                                      |                                 | Lula Mo                       | ore                      |                      |                 |                         |
| James Cro                              | PER IN U.S. ARMED FORCES?   16       | S. SOCIAL SECURITY NO.   17. IN |                               | nical Reco               | Address Wate         | nane Ad         | im                      |
| Yes, no, or unkown) (                  | If yes give wer or detes of service) | זם סל לפסס ייי                  |                               |                          |                      | I dulp Mu       | mir.                    |
| Yes                                    | DEATH [Enter only one cause per      | 19-05-5309 Ho                   | spital, For                   | t Howard,                | Maryland             |                 | L BETWEEN               |
|  |                                      |                                 | P A mm mm C                   |                          |                      | ONSET           | AYS                     |
| F 0                                    | IMMEDIATE CAUSE (0) HE               | MORRHAGIC PANCRE                | ATTTIS                        |                          |                      |                 | ALD                     |
| 2                                      | DUE TO                               |                                 |                               |                          |                      | TINIT           | CATOLENI                |
| Conditions, if an                      |                                      | RRHOSIS OF LIVER                | {                             |                          |                      | UNN             | MOMN                    |
| geve rise to immed<br>(e), stating the | DIJE TO                              |                                 |                               |                          |                      | 9               |                         |
| cause last.                            | (c)                                  |                                 |                               |                          |                      |                 |                         |
| PART II. OTHE                          | R SIGNIFICANT CONDITIONS CO          | INTRIBUTING TO DEATH BUT NOT    | RELATED TO THE TERMI          | INAL DISEASE COND        | ITION GIVEN IN PA    | RT 1(e) 19. W   | AS AUTOPSY<br>ERFORMED? |
| PTOUT                                  | LOWER LOBE PNEU                      | MONIA                           |                               |                          |                      |                 | NO [                    |
|  |                                      | ESCRIBE HOW INJURY OCCURED.     | (Enter neture of injury in    | Pert I or Part II of ite | om 18.)              |                 |                         |
| OR CONTRIBUTING                        | CAUSE OF DEATH                       |                                 |                               |                          |                      |                 |                         |
|  | URY Month, Day, Year   20d           | I INJURY OCCURRED   200. PLAC   | E OF INJURY (Home, far        | m, ; 20f. (City or to    | wn) (Co              | ounty)          | (Stete)                 |
| 20c. TIME OF INJU                      | Wh                                   | 1401 11 11110                   | ry, street, office bldg., etc | c.)                      |                      |                 |                         |
|  |                                      | ork et work                     |                               | (0                       |                      |                 | (1) ( ) 1               |
|  |                                      | nded the deceased from          |                               |                          |                      |                 |                         |
| saw the decea                          | sed alive dnApril6                   | 19.62, and that                 | death occured a2:             | :.204, A446m the         | causes and on        | the date s      | tated above             |
| 22e. SIGNATURE                         | (( ) )                               | 1 1/1                           | ATTENDING                     | MED. S1                  | TAFF                 |                 | 22b. DATE<br>SIGNE      |
| 1                                      | 1 compo                              | M.E                             | PHYS.                         |                          | YS. 🔀                | 4/6/62          |                         |
| 22c. PHYSICIAN'S                       |                                      |                                 | 22d. ADDRESS                  |                          |                      |                 |                         |
| NAME (Type                             | ) SEBASTIAN                          | RUSSO, M. D.                    | VAH, FOI                      | RT HOWARD,               | MARYLAND             |                 |                         |
| 3a. BURIAL, CREMAT                     | TION, 236, DATE THEREOF              | 23c. NAME OF CEMETERY O         | R CREMATORY                   | 23d. LOCATION            | (City, town or cou   | nty)            | (State)                 |
| REMOVAL (Specify                       | 4-20-62                              | Baltimore Nat:                  | i onal                        | Baltin                   | nore 28, M           | arvland         | 1                       |
| Burial  4 FUNERAL DIRECTO              | R'S SIGNATURE                        | ADDRESS                         |                               | C'D BY REGISTRAR         |                      |                 |                         |
|  |                                      | .+ A D.7.+.                     | Md. DATE                      |                          |                      |                 |                         |
| Joseph Lo                              | cks, 1304 N. Cer                     | ntral Ave, Balto.               | Ma. IDAIL                     | PR 1 0 '62               | arthur .             | 8. Thomas       |                         |

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled.

The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after VR A15 (4) 15M 7/61

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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|------|-------|-------|-----|----|

|  | 1 1 2 1 3 1   |
|--|---|
| 1. PLACE OF DEATH O. COUNTY  BALTIMORE  MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE b. COUNTY           |
| b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                    |
| RURAL and give nearest town)   | B. 2  |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress)  | d. STREET ADDRESS e. IS RESIDENCE   |
| OR INSTITUTION   | ON A FARM?  |
| RIDGEWAY MANOR   | 803 WILDWOOD MWY, YES NO  |
| 3. NAME OF DECEASED (Type or print) LYDIA BURTON CR  | OSS ATE Month Day Year OF DEATH APRIL 21 1962   |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthday)   Months   Days   Hours   Min |
| FEMALE WHITE WIDOWED DIVORCED  | JULY 21, 1875   lost birthdoy) Months Doys Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU  | ISTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY   |
| HOUSE WIFE.  | CECIL CO. MARYLAND UISIA,   |
| HOUSE WIFE /TOME   | 14. MOTHER'S MAIDEN NAME  |
| ORLANDO BURTON   | 111   |
|  | MARY ELLEN /YIUMFORD NFORMANT Address   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19. no. or unknown) (If yes, give wor or dates of service) |   |
| /Vo M.   | ALCOLM J. L'OAN DAME  |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   | expending fuller  |
| DUE TO   | 1/1 / - 1   |
| Conditions, if ony, which  | the start decident  |
| gove rise to immediate   | generally generally   |
| couse (o), stoting the under-  | Vanish lessie   |
| (6)  | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY                                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | PERFORMED?  |
|  | applicating of shall YES NO E   |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | ED. (Enter noture of injury in Port or Port II of item 18.)   |
|  | LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State   |
| Hour o.m.  While Not while to ot work of twork   | octory, street, office bldg., etc.)   |
|  | T. 1 1062 1102 9 10   |
| 21. I certify that (1) (this haspital) attended the deceased fram.   |   |
|  | death accurred atM, from the cayses and an the date stated above  |
| 22o. SIGNATURE   | ATTENDING A SED STAFF SIGNED  |
| Millian 1. Dryon m)  | M.D. PHYS. DIRECTOR PHYS.   |
| 22/ PHISICIAN'S<br>NAME (Type)   | 22d. ADDRESS  |
| William J. Dryson  | Hos Edminon are   |
| 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C  | OR CREMATORY 23d. LOCATION (Cry, town, or county) (Stote)   |
| REMOVAI (Specify)  | LOWS LAUREL, DELAWARE   |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  |
| JOHN O. MITCHELLY CONSINC, 1900 EUTA   | . HACE STREET OF BY   |
| NOHN CITITICHELLY JONS, FIRE, 1700 FOTA  | DATE DATE 25 02 Cittur 2. Thank   |

Description of the Control of the Co or of the second The same said son a little of the said was a said All of the larger fit was a second of the testing o Service Course Agency Street Street 

# FOR STATE HEALTH DEPT. TO DEPUTY MELCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Eile pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04203

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 8420  | 3                        | EDICA            | L EXAMINER'S   | CERTIFICA                     | IE OF I             | DEATH                  | 042             | 00_          |           |
|---|--------------------------|------------------|--|-------------------------------|---------------------|------------------------|-----------------|--------------|-----------|
| 1. PLACE OF DEAT  | TH                       |                  |  | 2. USUAL RESIDEN              | VCE (Where de       |                        |                 | ence before  | edmissio  |
| Baltimore   |                          |                  | MARYLAND   | Maryland                      |                     | Baltim                 | ore             |              |           |
| b. CITY OR TOWN   | (if outside corporata    | limits,          | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN               | (If outside corpo   | orata limits, write    | RURAL and giv   | e naeresi to | own)      |
| WILL KOKUT O  |                          | )                |  | ×                             | -                   |                        |                 |              |           |
| d. NAME OF HOS  | PITAL OR INSTITUTIO      | ON (if not in ho | spital, give streat a lrass)   | d. STREET ADDRESS             | 7                   |                        |                 |              | RESIDENC  |
| 8623 Chest  | nut Oak A                | venue.           | Balto.34   | 8623 Chest                    | nut Oak             | Avenue                 | 34              | YES T        | A FARM    |
| 3. NAME OF<br>DECEASED                                      |                          | First            | Middla   | Last                          | 4. DATE             | Month                  |                 | y Ye         | ar        |
| (Type or print)   |                          | EDNA             | Clark  | CROW                          | OF<br>DEATH         | 1,                     | 2               | 3 19         | 62        |
| 5. SEX  | 6. COLOR OR R            |                  |  | . DATE OF BIRTH               | 9.                  |                        | IF UNDER 1 YEA  |              | ER 24 HRS |
| Female  | White                    | WIDOW            | The state of the s | 1177005 1005                  |                     | last birthdey) 56 yrs. | Months Deys     | Hours        | Min.      |
| 10a. USUAL OCCUPA   | TION (Give kind of       | work   10b. 1    | KIND OF BUSINESS OR INDUSTR  | Y   11. BIRTHPLACE (State     | or foreign cou      | -                      | I 12. CITIZEN   | OF WHAT      | COUNTR    |
| dona during most of v                                       |                          |                  |  |                               |                     |                        |                 |              |           |
| 13. FATHER'S NAME   | ed Homemak               | er               |  | Baltimor                      | re, Mary            | riand                  | USA             |              |           |
|   |                          |                  |  |                               |                     |                        |                 |              |           |
| John J  |                          | CORCECT LAG      | SOCIAL SECURITY NO.   17. 1  | Elizabeth                     | Hammel              |                        |                 |              |           |
| (Yes, no, or unkown)  | (If yas give wer or dete | sofservice)      |  |                               |                     | Address                |                 |              |           |
| No  |                          |                  | Mr   | . William R.                  | Burns-              | .5713 GW               | ynn Oak         | Avenu        | ie #7     |
|   |                          |                  | lina for (a), (b), and (c).]   |                               |                     |                        |                 | NTERVAL BI   |           |
| PART I. DEA   | TH WAS CAUSED BY         | (a) Ante         | riosclerotic c   | ardi ovacenla                 | n dies              |                        | 1               | MASEL MIND   | DEATH     |
| 4   | DUE                      |                  |  | er around tr                  | II WESTE            |                        |                 |              |           |
| Conditions, if er   | 101                      | (b)              |  |                               |                     |                        |                 |              |           |
| geve rise to Imme   | diate cause              |                  |  |                               |                     |                        | 11939           |              |           |
| (a), steting the  | underlying               | 10               |  |                               |                     |                        |                 |              |           |
| cause lest.   | ED SIGNIFICANT CO        | (c)              | NTRIBUTING TO DEATH BUT NO   | T DEL A TED TO THE TERM       | INIAL DISTAGE       | CALIDITION ON          |                 |              |           |
| E PARI II. OIR  | EK SIGNIFICANT CO        | NDITIONS CO      | NINBOIRG TO DEATH BUT NO   | I KELATED TO THE TERM.        | INAL DISEASE        | ONDITION GIV           | EN IN PART 1(a) |              | ORMED?    |
| 5   |                          |                  | rhosis of liver  |                               |                     |                        |                 | YES X        | NO [      |
| PART II. OTH  20a. EXTERNAL C PRIMARY   or C CAUSE OF DEATH | ONTRIBUTING [            | 206. DESCR       | RIBE HOW INJURY OCCURED. (I  | Enter neture of Injury In Pe  | ert I or Pert II of | item 18.)              |                 |              |           |
| 20c. TIME OF INJ  | URY Month, Day           | , Yaer   20d.    |  | CE OF INJURY (Home, far       |                     | or town)               | (County)        |              | (State)   |
| 20c. TIME OF INJ  |                          | While two        | Tot 17 11110   | ory, street, office bldg., at | c.)                 |                        |                 |              |           |
| p.m.  |                          | 7 1              | nains described above, he  | Id an Autonoy [F]             | Inspection          | - In acute             |                 | d to         |           |
|   |                          |                  |  |                               |                     | , Inquir               |                 | d in my      | opinion   |
| death resulted  | from: Natura             | causes X         | , Accident . Suic  |                               |                     | determined m           | anner           |              |           |
|   | 0 0                      | 1 0              | 61/  | CHIEF MEDICAL                 | EXAMINER 2          | 100                    |                 |              |           |
| ACTUAL<br>SIGNATURE   | Jussel                   |                  | 8 when   | M.D. ASSISTANT MEI            | DICAL EXAMINE       | R 🗌                    |                 | DATE SI      | GNED      |
| EXAMINER'S  |                          |                  |  | DEPUTY MEDICA                 | L EXAMINER          |                        |                 |              | -         |
| NAME (Type)   |                          |                  | ER, M.D.   | Address (Street,              | city, town, or o    | ounly)                 |                 | 1-23-6       | 52        |
| 22a. BURIAL, CREMATI<br>REMOVAL (Specif                     | y)                       |                  | 22c. NAME OF CEMETERY OF   | CREMATORY                     | 22d. LOCAT          | ON (City, town         | or country)     | (Ste         | ete)      |
| Burial 23. FUNERAL DIRECTO                                  | 14-26-62                 |                  |  | Cemetery                      |                     |                        | aryland         | 71107        |           |
| 23. FUNERAL DIRECTION                                       | 1.                       | . 0              | ADDRESS  | 24a. RE                       | C'D BY REGISTR      | A46, 246, REG          | ISTRAR'S SIGNA  | TURE         |           |
| 11/m 9-4  | CRuer 7                  | SANS             | Dalta 17   | Med DATE                      | APR 2 4 7           | 62                     | Irthung 8       | Farma        |           |

| 01.54    | O STATE OF                              |               |                         |                    |
|----------|---|---------------|-------------------------|--------------------|
|          | eronia lei                              | some est      |                         | ezortizan          |
|          | El Jakina va Lilati J                   | Mary Charlen  |                         | Nac Juntingo (SAR) |
| 83 88    | 1                                       |               |                         |                    |
|          |   | , 100         | The second              | outil olumni       |
|          |   |               |                         |                    |
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|          | and the same of the same                |               |                         |                    |
|          | 300000000000000000000000000000000000000 | necessary. He | o olivelencia del co    |                    |
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|          |   |               | Mary Mary To 19 and T   |                    |
|          | A SEC                                   |               | And Mark                |                    |
| 20-85-47 |   |               | s. Premary M.D.         |                    |
|          |   |               |                         | apala II Indus     |
|          |   |               |                         | La borney man      |

VS A15 (4) 15M 9/58 04204

#### CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

|      | N: ()   A | 001 |
|------|-----------|-----|
| Keg. | DIST NO   | 201 |

|   |               | 1. PLACE OF DEATH 3 1 tuno Re MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution. STATE Maryland b. COUNTY   |  |
|---|---------------|---|--|
|   | 6             | b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorgy town)  RURAL - ROSedale  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL - ROSedale  |  |
|   | C             | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8304 Philadelphia Road 18304 Philadelphia  | Road   e. IS RESIDENCE ON A FARM? YES   NO         |
|   |               | 3. NAME OF DECEASED (Type or print) FRANK WILLIAM CRUSSE 4. DATE OF DEATH APR   | nth Day Yeor 1962                                  |
|   | 5. S          | 5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED Dec. 16, 1899.  9. AGE (In years lost birthday)  Dec. 16, 1899.  9. AGE (In years lost birthday)  Carried years  | Months Days Hours Min.                             |
|   | 10a.          | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (Stote or foreign country)  during most of working life, even if retired)  Bithleham Steel  Makyland   | 12. CITIZEN OF WHAT COUNTRY?                       |
|   | 13. (         | 13. FATHER'S NAME Charles B. CRUSSE 14. MOTHER'S MAIDEN NAME Catherine Sween  | Je Y   |
| ) | 15. Yes,      | 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) 213-07-1692 Lillan Crusse 8304   | " lacholy hig Read                                 |
|   |               | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond, (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Quite Muyo cardial Infant Cause for  | INTERVAL SETWEEN<br>ONSET AND DEATH                |
|   |               | Conditions, if any, which) (b) Caronaux Outly Lisease   |  |
|   |               | gave rise to immediate couse (a), stating the underlying cause last.  DUE TO  |  |
|   | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  | VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
|   |               |   |  |
|   | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of two works | (County) (State)                                   |
|   |               | 21. I certify that I attended the deceased from Warul 18, 1967, to Unit 6, 1960 alive an 1545 MM, from the causes are   | That I last saw the deceased                       |
|   |               | ACTUAL SIGNATURE SOLU H Outh, M.D. 8019 Philadelphi   |  |
|   |               | PHYSICIAN'S<br>NAME (Type)  |  |
|   | -             | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BREMOVAL (Specify) 4-21-62 GARDENS OF FRITH BY THEREOF   | or county) (State)                                 |
|   |               | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGI  | ISTRAR'S SIGNATURE                                 |
|   |               | I will a same of fourth and the same of   | All I wanted                                       |

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| the funeral | M |

death. and

hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OAOOO

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Res                   | sidence before admission).      |  |  |  |  |
|--|---|---------------------------------|--|--|--|--|
| Baltimore Marylan  | a. STATE b. COUNTY  |                                 |  |  |  |  |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN   |   | give neerest town)              |  |  |  |  |
| write RURAL end give neerest town)   | C. CITT ON TOWN (II dutings corporate lilling, while NONAC and                  | 9,14 11001031 101117            |  |  |  |  |
| Baltimore  | Baltimore 3   | V01.4                           |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)   | d. STREET ADDRESS   | IS RESIDENCE     ON A FARM?     |  |  |  |  |
| Armacost Nursing Home-812 Regester Av  | e. 2301 Kenoak Road #9  | YES NO                          |  |  |  |  |
| NAME OF First Middle   |   | Day Year                        |  |  |  |  |
| DECEASED (Typa or print)   | OF DEATH A  | 10 (-                           |  |  |  |  |
| Edia   | alsemer April 1/  | 19 62<br>EAR   IF UNDER 24 HRS. |  |  |  |  |
| SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 Y   last birthdey)  Months   De | ys Hours Min.                   |  |  |  |  |
| Pemale White WIDOWED DIVORCED X  | Aug. 1. 1880 81 yrs.  | 75                              |  |  |  |  |
| De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR IND   |   | EN OF WHAT COUNTRY              |  |  |  |  |
| lona during most of working life, even if retired)   | Dhiladalahia Banania W  | 2.4                             |  |  |  |  |
| Retired Housewife  | Philadelphia, Pennsylvania US   | SA                              |  |  |  |  |
| W. TOTTLE STOWE  | 14. MOTHER 3 MAIDER HAME  |                                 |  |  |  |  |
| Henry Dalsemer   | Matilda Greenwald   |                                 |  |  |  |  |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   |   |                                 |  |  |  |  |
| Yes, no, or unkown) (Ifyesgive wer or detes of service)  | Mr. Gordon H. Dalsemer-2301 Kenoak  | Pond # >                        |  |  |  |  |
| 18. CAUSE OF DEATH [Entar only one couse per line for (e), (b), end (c).]  | Mr. Gordon H. Darsamer-2001 Kenoak  | Road # 2                        |  |  |  |  |
| PART I. DEATH WAS CAUSED BY:   |   | ONSET AND DEATH                 |  |  |  |  |
| [MMEDIATE CAUSE (a) Plemones   |   | 5 days,                         |  |  |  |  |
| DUE TO   |   |                                 |  |  |  |  |
|  |   | 20 mos                          |  |  |  |  |
| geve rise to Immediate cause   | *   |                                 |  |  |  |  |
| (a), steling the underlying DUE TO   |   |                                 |  |  |  |  |
| ceusa last. (c)  |   |                                 |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU   | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1                | (e) 19. WAS AUTOPSY             |  |  |  |  |
| 1. 1. 0. 1. 0.   | la-man la lacero  | PERFORMED?                      |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  Contribution Contribution  Contribution Contribution  Contribution Contribution  Contribution Contribution | muniscurve crief is assured from  |                                 |  |  |  |  |
| 20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH  |   |                                 |  |  |  |  |
|  |   |                                 |  |  |  |  |
|  | PLACE OF INJURY (Home, ferm, 20f. (City or town) (Count                         | y) (Stete)                      |  |  |  |  |
| Hour a.m. While Not While et work at work  | factory, street, office bldg., etc.)  |                                 |  |  |  |  |
|  | 10/15 1/2 1/4 1/  | 2                               |  |  |  |  |
| 21. I certify that (I) (this hospital) attended the deceased fr  |   |                                 |  |  |  |  |
| saw the deceased alive on  | that death occurred at 20 Allforn the causes and on the                         | e date stated abov              |  |  |  |  |
| 22a. SIGNATURE   |   | 22b. DATE                       |  |  |  |  |
| X (Rivitari)   | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.                                       | SIGNE                           |  |  |  |  |
| 22c. PHYSICIANS  | M.D. PHTS. DIRECTOR PHTS.   | /                               |  |  |  |  |
| NAME (TYDO) J. ELLIOT LEVI   | 222 W. COLD SPRIN   |                                 |  |  |  |  |
| 38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMET  | TERY OR CREMATORY 23d. LOCATION (City, town or county)                          | BALTO 10                        |  |  |  |  |
| REMOVAL (Spacify) Runial H-18-62 Ralto, Heb  | rew Congregation 2100 Relait Rd. 1  | Balto. Md.                      |  |  |  |  |
|  | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI                                     |                                 |  |  |  |  |
| 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 0 1   |                                 |  |  |  |  |
| 11m 4 Januaron Lallo 19. Valer   | Mark DATE MPR 1 9 62 Orthur   | 8. Thous                        |  |  |  |  |

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 ms. ce retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages i be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 9/60

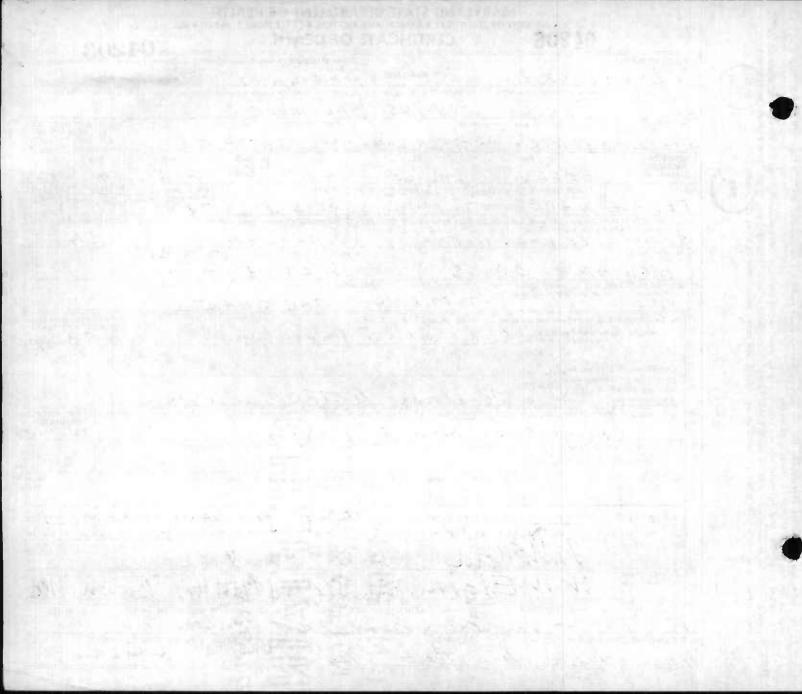
VR A15 (4)

car compared and the compared to the compared Seledas. V. Marie version and V. Pemphagua Sec 2063 artimochentia lindrovasce la friend 222 WIGHD STRIES TANK T. ELLIOT LEVI DHETTHE Contract to the second of the second of the second Constitution of the second second

#### MARYLAND STATE DEPARTMENT OF HEALTH

|         |   | 04208   | ION OF STATISTIC      | _                | AND RECORDS            |                  | ORE 1, MAR        | YLAND                         | 0420              | 9                             |
|---------|---|---|-----------------------|------------------|------------------------|------------------|-------------------|-------------------------------|-------------------|-------------------------------|
| 1.      | PLACE OF DEATH a. COUNTY BAL            | TIMORE  |                       | MARYLANI         | a. STATE               |                  | e deceased live   | d. If institution b. COUNTY   | n: Residence befo | are admission)                |
|         | b. CITY OR TOWN (I<br>RURAL and give no | f autside carporate limi                      | ts, write c. LENG     | TH OF STAY IN 11 |                        |                  | ide corporate l   | imits, write RU               | RAL and give ne   | arest tawn)                   |
| 1       | ALTIMO                                  | RET RUK                                       | PAL) 7                | 4 YRS            | BALT                   | mok              | E                 |                               | 3101              | 1.4                           |
|         | d. NAME OF HOSPIT<br>OR INSTITUTION     | AL (If not in haspital, g                     | ive street address)   |                  | d. STREET A            | 4 12 11          |                   |                               |                   | e. IS RESIDENCE<br>ON A FARM? |
| 5       | HEPPAR                                  | DYENOCI                                       | 4 PRAT                | T HOSPI          | TAL 4608               | ROLI             | AND .             | AVE.                          |                   | YES NO                        |
| 3.      | NAME OF<br>DECEASED                     | Fir   | st                    | Middle           | Las                    | 1 4              | . DATE<br>OF      | Month                         | D                 | ay Year                       |
|         | (Type ar print)                         | HELEN   | 1 4                   | OUISE            | DAU                    | 115              | DEATH             | APR                           | 14 4              | 1967                          |
| S.      | SEX                                     | 6. COLOR OR RACE                              | 7. MARRIED NI         | VER MARRIED      | B. DATE OF BIRTI       | Н                | 9. A              | GE (In years<br>ist birthday) | 7                 | R IF UNDER 24 HRS             |
| 1       | FEMALE                                  | WHITE   | WIDOWED               | DIVORCED [       | SEPT                   | 5,18             | C 7 1 "           | 74 yrs.                       | Manths Days       | Haurs Min.                    |
| 100     | . USUAL OCCUPATIO                       | ON (Give kind af wark a                       | dane 10b. KIND OF     | BUSINESS OR IN   | OUSTRY 11. BIRTHPL     | ACE (State ar    | fareign cauntr    | y)                            | 12. CITIZEN O     | F WHAT COUNTRY                |
|         | SCHOOL                                  | TEACH   | ER-RET                | IREd             | MK                     | LRYL             | AND               |                               | u                 | SA                            |
| 13.     | FATHER'S NAME                           |   |                       |                  | 14. MOTHER'S           | MAIDEN NAM       |                   | Weldin                        | 1                 |                               |
|         | How.                                    | ARD   | DAVIS                 |                  | W                      | ELD              | tr-               | - IdA                         |                   |                               |
| 15.     |   | R IN U. S. ARMED FOR                          |                       | CURITY NO. 17    | INFORMANT              |                  |                   | Addre                         | ess               |                               |
| "       | MO I                                    | (It yes, give war or dates of s               | n                     | one              | HOSPIT                 | AL C             | HAR               | 7                             |                   |                               |
|         |   | ATH [Enter anly ane co                        | use per line far (a), | (b), and (c).]   |                        |                  |                   |                               | INI               | TERVAL BETWEEN                |
|         | PART I. DEA                             | TH WAS CAUSED BY:                             | Cenal                 | ral              | Thr                    | mb               | oris.             |                               | ON                | SET AND DEATH                 |
|         | 2 3                                     | DUE TO  |                       |                  |                        |                  |                   |                               |                   |                               |
|         | Canditians, if a                        | ac V  |                       |                  |                        |                  |                   |                               |                   |                               |
|         | gave rise to i                          | mmediate Due To                               | )                     |                  |                        |                  |                   |                               | 7                 |                               |
|         | lying cause last.                       | the under-                                    | Cono                  | bral             | ast                    | 2912             | sol.              | rosi                          | 1)                |                               |
| Z       |   | HER SIGNIFICANT CON                           | DITIONS CONTRIBU      | TING TO DEATH I  | UT NOT RELATED TO      | THE TERMINA      | AL DISEASE CO     | NDITION GIVE                  | N IN PART 1(a)    | 19. WAS AUTOPS                |
| CATION  | 1                                       | man agat                                      | Tue A                 | Vear             | FA                     | ,0,,,            | 20                |                               |                   | PERFORMED?                    |
| IFIC    | 20a. ACCIDENT WA                        | AS UNDERLYING []                              | 20b. DESCRIBE HOY     | W INJURY OCCUI   | RED. (Enter nature of  | of injury in Par | rt I ar Part II a | f item 18.)                   |                   |                               |
| CERTIFI | OR CONTRIBUTING                         | AS UNDERVING CAUSE OF DEATH MEDICAL EXAMINER) |                       |                  |                        |                  |                   |                               |                   |                               |
|         | 20c. TIME OF INJUR                      |   | ar 20d. INJURY OC     | CURRED 20e.      | PLACE OF INJURY (      | Hame, farm.      | 20f. (City or t   | gwn)                          | (County           | r) (State                     |
| MEDICAL | Haur a.m.                               | 19  | While Nat             | while            | factory, street, affic |                  |                   |                               | (223/11)          |                               |
| ×       | p. m.                                   |   | at wark at w          |                  | Det o                  | 11 1             | 1 0               |                               | 1 63              |                               |
|         |   | at (1) (this haspital                         |                       |                  |                        |                  |                   |                               |                   | hat (I) (we) las              |
|         |   | sed alive an ay                               | 2rel 4_ 196           | 2. and tha       | t death accurre        | d at 24N         | A, fram the       | causes and                    | d an the dat      |                               |
|         | 22a. SIGNATURE                          | M.W.  | Eloin                 |                  | M.D. ATTENDIN          | ☐ DIRE           | CTOR S            | TAFF<br>HYS.                  |                   | 22b. DATE<br>SIGNE            |
|         | 22c. PHYSICIAN'S<br>NAME (Type)         | w.w.  | Elgi                  | H.M              | D. Ske                 | khard            | Pratt             | Hoop.                         | lowso             | n, Md                         |
| 23      | BURIAL, CREMATIC                        |   | OF 23c. NA            | ME OF CEMETER    | OR CREMATORY           | 2:               | 3d. LOCATION      | (City, tawn, a                | r county)         | (State)                       |
| -       | DURIAL (Specify)                        | 4-7-6   | 2 Free                | endo Xx          | rial St                | rund             | Bul               | 00.                           | med.              |                               |
| 24      | FUNERAL DIRECTOR                        | 'S SIGNATURE                                  | ADI                   | DRESS, 11        |                        | 2Sa. REC'D       | BY REGISTRAR      | 0 -                           | TRAR'S SIGNATI    |                               |
| 1/      | Vm . 91                                 | Sichener a                                    | Sons                  | Baller           | in mil                 | DATE             | rn 3 '6)          | 4                             | William S. F.     | trans                         |

VR A1S (4) 1SM 9/59



TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 more be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 04204

| 1. PLACE OF DEATH  o. COUNTY   | 2. USUAL RESIDENCE (Where daceesed livad, If institution: Residence before edmission) |
|--|---|
|  | a. STATE b. COUNTY  Maryland  |
| b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  |   |
| A 11   | Baltimore 2 3v01-4  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?   |
| Rosewood State Training School   | 1710 Barclay Street   |
| DECEASED First Middle  | Last 4. DATE Month Dey Year OF  |
| (Type or print) Randolph, Jr.  | DEMINDS DEATH 4 3 19 62   |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                |
|  | Months Deys Hours Min.  |
| Male WIDOWED DIVORCED   10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| Dependent none   | Baltimore, Md. U.S.A.   |
|  | 0. 1 36. 17. 3  |
| Randolph Deminds 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   | Sarah Mae Wade INFORMANT Address  |
| (Yas, no, or unkown)   (Ifyesgivewerordetasofsarvice)  | MALOUMAN  |
| no none  | Rosewood Records, Owings Mills, Md.   |
| 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY:   | largar preumonia Esqui  |
| 119010   | Jungs   |
| DUE TO SIL D   | a harre   |
| Conditions, if any, which \ (b) With Cerr  | g avers 04mgs   |
| gava risa to immediata causa (e), stating tha underlying DUE TO  |   |
| causa lest.  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY      |
| E CLATA O deil David   | PERFORMED?  |
| Spartie quadriplegia   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  Sparte Guadriplegia  208. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO COUNTRIBUTING TO DEATH BUT IN  OR CONTRIBUTING TO DEATH BUT IN  OR CONTRIBUTING TO DEATH BUT IN  OR COUNTRIBUTING TO DEATH BUT IN  OR COUNTRIBUT IN  OR COUNTRIBUTING TO DEATH BUT IN  OR COUNTRIBUT IN  OR COUNTRIBUTING TO DEATH BUT IN  OR COUNTRIBUTING TO DEAT | ED. (Enter natura of ignory in Port I or Pert II of item 18.)                         |
| 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. Pl  | LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)                      |
|  | actory, street, office bldg., etc.)   |
|  | n. 7/6 , 1961, to 4/3 , 1962, that (1) (we) last                                      |
| saw the deceased alive on  | at death occured at 10:20 figurate causes and on the date stated above.               |
| 220. SIGNATURE   | J.22b. DATE   |
| Harry M. Butter  | M.D. ATTENDING MED. STAFF HYS. 4/5/62 SIGNED  |
| 122c. PHYSICIAN  | 22d. ADDRESS.   |
| NAME (1976) Harry G. Butler, M.D.  | Owings Mills, md.   |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)  RECORD April 9, 1962 Rosewood (   | - Value Will - Wi   |
|  | 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                    |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. F. Eline & Sons Reisterstown, Md  | 4DD 11 100 0 -1 0 4   |
|  | DATE AFR 11 62 Circling & Thomas  |
|  |   |

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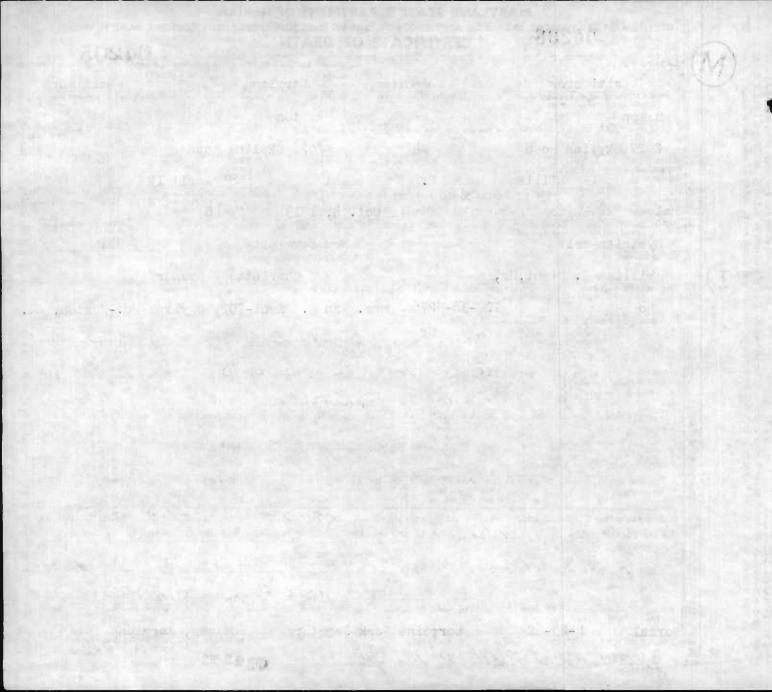
Calific Milate Hall

TO HOSPITAL CALLENDING PHYSICIAN: The law requires that the death certificate be executed within 2 fours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| MARYLAND STATE DEPARTMENT OF HEALT   | TH                      |
|--|-------------------------|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH | , BALTIMORE 1, MARYLAND |
| U4208 CERTIFICATE OF DEATH   | 0,000                   |

| 1                     |   |                                  |                                  |                                 | -04-20-                 |                 |
|-----------------------|---|----------------------------------|----------------------------------|---------------------------------|-------------------------|-----------------|
| PLACE OF DEAT         | гн  |                                  |                                  | E (Whare daceased fived, If     |                         | lora edmission) |
| /                     | ltimore   | MARYLAND                         | a. STATE Maryla                  | and b. cour                     | Raltin                  | nore            |
|                       | (if outside corporate limits,                                   | c. LENGTH OF STAY IN 1b          |                                  | outsida corporate limits, write | 25-10-10-10-1           |                 |
| write RURAL as        | nd give naarast town)   |                                  | V n                              |                                 |                         |                 |
| Ruxton                | DITAL OR INSTITUTION OF   | 1 21 1 1 1 1                     | Ruxton d. STREET ADDRESS         |                                 | 1 -                     | IS RESIDENCE    |
| d. NAME OF HOS        | PITAL OR INSTITUTION (if not in                                 | hospital, giva street eddress)   | d. STREET ADDRESS                |                                 | a,                      | ON A FARM?      |
| 2027 S                | Skyline Road  | #4                               | 2027 Skg                         | yline Road                      | #\_1 YE                 | S   NO          |
| NAME OF<br>DECEASED   | First   | Middle                           | Last                             | 4. DATE Month                   | h Day                   | Yaar            |
| (Type or print)       | William   | К.                               | Diehl                            | DEATH April                     | 19                      | 1962            |
| . SEX                 | 6. COLOR OR RACE 7. MA  |                                  | DATE OF BIRTH                    |                                 |                         | NDER 24 HRS.    |
| Mala                  | 2011  |                                  | ± 1. 1012                        | last birthday)                  | Months Days Ho          | urs Min.        |
| Male                  | ATION (Giva kind of work   1DI                                  |                                  | t. 4, 1913                       | 48 yrs.                         | 12. CITIZEN OF WE       | AT COUNTRY      |
| lona during most of v | working lifa, avan if retired)                                  | b. KIND OF BUSINESS OR INDUSTR   | T II. BIRIMPLACE (County         | y & Stata, or foraign country)  | 12. CHIZEN OF WE        | AT COUNTRIE     |
| Physici               | lan-self  |                                  | New York C:                      | ity                             | USA                     |                 |
| . FATHER'S NAME       |   |                                  | 14. MOTHER'S MAIDEN N            | NAME                            |                         |                 |
| Willi                 | am K. Diehl, Sr,  |                                  | Char                             | lotte Neumen                    | r                       |                 |
|                       |   | 16. SOCIAL SECURITY NO.   17. 1  |                                  | Address                         |                         |                 |
|                       | (If yas giva war or datas of sarvica)                           | 220 26 7276                      | . A T TO 4 - 1                   | -1-0007 011:                    |                         | 34.1            |
| No                    | F   |                                  | . Ann L. Diel                    | NT-5051 2KATTI                  | ne RdRuxto              | DI MIC          |
|                       | DEATH [Entar only one causa p                                   | per lina for (a), (b), and (c).] | , ,                              |                                 |                         | AND DEATH       |
| PARI I. DEA           | ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)                          | Cormany                          | acelun                           |                                 | Ju                      | lant            |
| 260                   | X DUE TO  |                                  |                                  |                                 | 21 N. 11 M. 12 M. 12    |                 |
| Conditions, if a      | ny, which ) (b)   | artumaler                        | Tu C                             | VI                              | 16                      | news            |
| geve risa to imme     | ediata cause  |                                  |                                  |                                 |                         |                 |
| (a), stating tha      | undarlying DUE TO   | Dishets                          | mulily                           |                                 | 10                      | 60 11 11 day    |
| cause last.           | ) (c)   |                                  |                                  | AL DISEASE CONDITION ON         | CENTINI DADT 1/2/119 VA | AS AUTOPSY      |
| PART II. OTF          | IER SIGNIFICANT CONDITIONS                                      | CONTRIBUTING TO DEATH BUT NO     | I KELATED TO THE TERMIN          | IAL DISEASE CONDITION GIV       |                         | PERFORMED?      |
| <u> </u>              |   |                                  |                                  |                                 | YES                     | □ NO □          |
| OR CONTRIBUTION       | WAS UNDERLYING   2Db.  NG   CAUSE OF DEATH FY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURED      | . (Entar natura of injury in P.  | art I or Part II of item 1B.)   |                         |                 |
| 20c. TIME OF IN       |   | Od. INJURY OCCURRED   20a. PLA   | CE OF INJURY (Homa, farm,        | . ' 20f. (City or town)         | (County)                | (Stata)         |
|                       |   |                                  | ory, straat, office bldg., atc.) |                                 | (000)                   | (5,5,5)         |
| Hour a.m              | an at   | work at work                     |                                  |                                 |                         |                 |
| 21. I certify         | that (I) (this hospital) at                                     | ttended the deceased from.       | 1945,1                           | 19, to                          | 9 , 196.2, that         | (I) (we) las    |
|                       |   | 18 1962, and that                |                                  |                                 |                         |                 |
| 22a. SIGNATUR         |   | Z                                |                                  |                                 |                         | 22b. DATE       |
| 2.24. SIGIRATOR       |   | 2                                | 21010                            | IRECTOR PHYS.                   |                         | SIGNED          |
| 22c. PHYSICIAN        | I Drumber   | w N                              | .D. PHYS. DI                     | 71113. []                       |                         | 17766           |
| NAME (Typ             |   |                                  |                                  | 2                               | 7                       | 5 ,             |
|                       |   |                                  | , 4 8. 8                         | coger st                        | Bellsmil                | - Izm           |
| 3a. BURIAL, CREMA     | ATION, 236. DATE THEREOF  | 23c. NAME OF CEMETERY            | OR CREMATORY                     | 23d. LOCATION (City, to         | wn or county)           | (Stata)         |
| REMOVAL (Special      | 1,-23-62  | Lorraine Par                     | k Cemetery                       | Woodlawn Ma                     | rvland                  |                 |
| 24 FUNERAL DIRECT     |   | ADDRESS                          |                                  | D BY REGISTRAR 256. RE          | GISTRAR'S SIGNATURE     |                 |
| Telan A North         | Cuer a love 1 h   | 16 in m.                         | D. O DATE                        | 0.0 100                         | Outher S. Kraw          | A               |
| VIII & SUIC           | new orpores you   | all , lassy                      | and DATE                         | 2 8 102                         |                         |                 |



# FOR STATE Page sessary, r. Pag files. TO DEPUTY IN JUGAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Departme Health or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death.

VR A15ME 5M 1/62

#### MARYLAND STATE DEPARTMENT OF HEALTH

TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE Divij'2255 MARYLAND 04206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)                   |
|--|---|
| e. COUNTY Beltimore MARYLAND   | e. STATE b. COUNTY  |
| b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b                            | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)                        |
| write RURAL and give nearest town)   | C. CITT OK TOWN (II outside corporele limits, write KOKAL and give neerest lown)                        |
| Woodlawn.  | Woodlawn  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)                     | d. STREET ADDRESS  ON A FARM?   |
| 2148 Lorraine Aye  | 2148 Lorraine Ave   |
| 3. NAME OF First Middle  | Lest 4. DATE Month Dey Year   |
| DECEASED (Type or print)   | OF DEATH  |
| Mary - M   | Dering April 21.1962  |
| 5. SEX Penal 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.  | DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey)  Months Deys Hours Min. |
| White WIDOWED DIVORCED   | Mch-1-1922 40 yrs.  |
| 10a. USUAL OCCUPATION (Give kind of work done dufting protection of working life, of if retired) | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY                                   |
| 1- in mile Home  | Month Condina lista   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| MILLARD CAMPLED  | - MAUD. MESSER  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II                   |   |
| (Yes, no, or unkown) (Ifyesgivewarordetesofservice)  | Paul Deering - 2148 Lorraine Ave  |
| no 214-14-9362   |   |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]                        | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in:                              |   |
| DUE TO   | MOSO OF IZ DIOC GUII  |
|  |   |
| Conditions, if eny, which geve rise to immediate cause   |   |
| (e), steting the underlying DUE TO   |   |
| cause lest. (c)  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT                              | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?               |
| Shot herself while lying in bed with   | VIE IN INC.   |
| La 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. E.                                  | nter_nature of injury in Pert I or Part II of item 18.)   |
| PRIMARY To CONTRIBUTING Shot herself while to  |   |
| evidently pulled trig  | ger With her toes [FOF INJURY (Home, farm, 20f. (City or town) (County) (State)                         |
| Hour e.m. While Not While et work at work W  | ry, street, office bldg., etc.)   |
| 11-15m.P.M.4-21-62 et work at work W   | oodlawn Baltimore Co. Md  |
| 21. I certify that I took charge of the remains described above, hel                             | d an Autopsy , Inspection , Inquiry , and in my opinion   |
| death resulted from: Natural causes Accident Suicident   | de manner Homicide , Undetermined manner  |
| M 1 Thinks   | CHIEF MEDICAL EXAMINER  |
| ACTUAL THE MET'S LEE   | ASSISTANT MEDICAL EXAMINER TO DATE SIGNED   |
| SIGNATURE  | M.D.  |
| EXAMINER'S GOO S.M. Kieffer MD   | DEPUTY MEDICAL EXAMINER 1010 Leeds Ave. 4-21-62   |
| NAME (Type)  | Address (Street, City, Town, or County)   |
| 226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR REMOVAL (Specify)             |   |
| Burial 4-25-1962 Woodlawn  | Woodlawn, Md.   |
| 23. FUNERAL DIRECTOR ADDRESS   | 24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE  |
| G. Howard Strong 3207 W. North Ave.,   | DATE APR 2 4 162 Circhay & Kraus  |
|  | TOUTE MILE & 162   COMMIT A TOUTE   |

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RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page Health, a. STATE b. COUNTY files. MARYLAND MARYLAND OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 TOWN (Foutside corporete limits, write RURAL end give neerest town) RURAL and give neerest town) jo o for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital/give street address) Boar . IS RESIDENCE in Item 18. Give Pages 1, 2, and 3 to the funeral ON A FARM? refained State YES NO IZ ECOR NAME OF Middle 4. DATE Month Day DECEASED OF the (Type or print) DEATH 2 with th 196 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest blandey) Months | Days NEVER MARRIED 9. IF UNDER 24 HRS. age 5 may 1 and 2 will 72 hours a Months Days Hours WIDOWED DIVORCED This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) Within pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME File form WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give weror dates of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil DUE TO gava rise to immediate causa "pending" 65 Examiner's DUE TO (a), steting the underlying 10 nsed ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cremati 2 the word Medical plnods OW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS 20b. DESCRIB PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3: Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) (State) factory, street, office bldg., atc.) 0 Hour a.m. at work at work 19 p.m. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY 22a, BURIAL, CREMATION. 22b. OR CREMATOR 22d. LOCATION (City, town, or DATE THEREOF (State) REMOVAL (Specify) OH 9 40 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME APR 2 3 '62 5M 7/59

ALLES TO THE WORLD AT The sale of the sa

## FOR STATE HEALTH DEPT.

essary, r. Page Heal TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diletand a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burlal, cremation, or removal, and In any event within 72 hours after death. VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04208

| a. COUNTY                  | at .  |                                | 2. USUAL RESIDENCE (W  |                       |                     | ce before edmission)      |
|----------------------------|---|--------------------------------|--|-----------------------|---------------------|---------------------------|
| Balti                      | more  | MARYLAND                       | *Maryland  | ь. coun<br>Bal        | timore              |                           |
|                            | (if outside corporete limits,<br>d give nearest town)<br>11c        | c. LENGTH OF STAY IN 16        | c. CITY OR TOWN (If outside Dundalle                                 |                       |                     | neerest town)             |
| d. NAME OF HOSPI           | TAL OR INSTITUTION (if not in I                                     | hospitel, give street eddress) | d. STREET ADDRESS  |                       |                     | . IS RESIDENCE            |
| 120 P                      | atapsco Ave.  |                                | 120 Patapsco   | Ave.                  |                     | YES NO DE                 |
| 3. NAME OF                 | First   | Middle                         | Last   4. D  | ATE Month             | Dey                 | Yeer                      |
| (Type or print)            | Coongo Ehmholes   | AVA D.                         | Jeon) O  | PRTH                  | 70                  | 19 62                     |
| 5. SEX                     | George Ehrbake  |                                | aker) B. DATE OF BIRTH   | 9. AGE (In years      | IF UNDER 1 YEAR     | 19 62<br>IF UNDER 24 HRS. |
| 27. 7                      | TIT . I WIDO  | WED DIVORCED                   | 7 1 07 3000  | lest birthdey)        | Months Deys         | Hours Min.                |
| Male<br>100. USUAL OCCUPAT | TILL OU   |                                | Feb. 21, 1889 RY   11. BIRTHPLACE (State or fore.                    | 73 yrs.               | 12 CITIZEN O        | F WHAT COUNTRY?           |
| done during most of wa     | orking life, even if retired)                                       |                                | KI PINTIN ETTER (BIBIO OF 1010)                                      | igii coumiyy          | 1572C               |                           |
| Brick La                   | yer   |                                | Maryland  14. MOTHER'S MAIDEN NAME                                   |                       | U.S.                | .A.                       |
| 13. PATHER 3 NAME          |   |                                | 14. MOTHER'S MAIDEN NAME   |                       |                     |                           |
|                            | Ehrbaker  |                                | Eva von Bri  |                       |                     |                           |
|                            | /ER IN U.S. ARMED FORCES?   1<br>If yes give were dates of service) | 16. SOCIAL SECURITY NO. 17.    |  | Address<br>60         |                     |                           |
| no                         |   |                                | nilip H. Ehrbaken  | r, 2715 Mar           | gate Rd             | -22                       |
|                            | DEATH [Enter only one cause pe                                      | line for (e), (b), end (c).]   | 1  |                       |                     | ERVAL BETWEEN             |
| PART I. DEAT               | H WAS CAUSED BY: IMMEDIATE CAUSE (0)                                | AMEIN O MA                     | ot rive  | k + 10                | 1417-11             | DET AND DEATH             |
| 1154                       | DUE TO  | 515                            |  |                       | 113                 | 10                        |
| Conditions, if en          |   | 245/Jm                         |  |                       | /                   | 6-15M5                    |
| geve rise to immed         | iete ceuse  | 1000                           |  |                       |                     |                           |
| (a), steting the u         | Inderlying  |                                |  |                       |                     |                           |
|                            | R SIGNIFICANT CONDITIONS C  | ONTRIBUTING TO DEATH BUT N     | OT RELATED TO THE TERMINAL DIS                                       | SEASE CONDITION GIV   | EN IN PART 1(e)   1 | 9. WAS AUTOPSY            |
|                            | The Party of  | 1/                             |  |                       |                     | PERFORMED?                |
| 20e. EXTERNAL C            | AUSE WAS   2Db. DES   | POINE HAWANTING TITCHINER      | (Enter-nature of injury in Pert I or Pe                              | art II of item 18 )   |                     | res No                    |
| PRIMARY OF CO              | ONTRIBUTING 🗆   | SKIBE IN WINDOW! OCCURED.      | temes-matting or injury in rost 1 or re                              | an ii or iiem is.,    |                     |                           |
| 2Dc. TIME OF INJU          |   |                                | ACE OF INJURY (Home, ferm, 2Df<br>story, street, office bldg., etc.) | . (City or town)      | (County)            | (Stete)                   |
| ₹ p.m.                     | 19 et v   | vork et work                   |  |                       |                     |                           |
| 21. I certify t            | hat I took charge of the r  | emains described above, h      | eld an Autopsy, Inspe  | ction Inquir          | y and               | in my opinion             |
| death resulted             | from: Natural causes  | , Accident , Sui               | cide, Homicide,  | Undetermined m        | anner 🗌             |                           |
|                            | MBQ   | 1                              | CHIEF MEDICAL EXAMIN   | IER [                 |                     | ,                         |
| ACTUAL<br>SIGNATURE        | 11001   | NUZ                            | M.D. ASSISTANT MEDICAL EX  | CAMINER               | D                   | ATE SIGNED                |
| EXAMINER'S                 |   |                                | DEPUTY MEDICAL EXAM  | INER N                | 4                   | 17/12                     |
|                            | Melvin B. Davis   | . M.D.                         | Address (Street, city, tov   | wn, or county) Dund   | alk, Md.            | 12000                     |
| 220. BURJAL, CREMATIC      | ON, 22b. DATE THEREOF   | 22c. NAME OF CEMETERY C        |  | LOCATION (City, town, |                     | (Stete)                   |
| REMOVAL (Specify           | 4-23-62   | Moreland Memo                  | orial Park Bal   | Ltimore Cou           | nty. Md.            |                           |
| 23. FUNERAL DIRECTO        |   | ADDRESS                        |  | REGISTRAR   246. REGI |                     | JRE                       |
| III Irich Fra              | neral Home, Dun   | delle Md                       | DATE AND 2   | 5 '62 a               | when I than         | us                        |
| OALL LUI - U               | iciar nome, but   | Marke Mue                      | DATE APR 2   | 2 04                  |                     |                           |
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased livad, If institution: Residence before admission) a. COUNTY b. COUNTY the day MARYLAND hours after deat b. CITY OR TOWN (if outside corporate limits, Bud c. LENGTH OF STAY IN 16 c. CITY OR TOWN Woutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. NAME OF Middle DATE DECEASED OF (Type or print) DEATH carbon with 5. SE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR and last birthday) Months WIDOWED DIVORCED March physician remove USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aver if retired) Inonouser 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please \_= attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT oval. (Yas, no, or unkown) | (Ifyasgive war or datasofservice) certificate has been signed by the physician. CAUSE OF DEATH |Enter only one cause per line for (a) 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) use as the burial-transit DUE TO attending Conditions, if any, which gave risa to immediate cause DUE TO (a), stating the underlying burial, cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the 3 should be detached 20c. TIME OF INJURY 20d, INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attanged the deceased from....... 19.0 saw the dacaasad aliva on..... 220. SIGNATURE ATTENDING P MED. STAF death. Page 4 PHYS. -DIRECTOR PHYS. director, page, M.D. 22d. ADDRESS 22c. PHYSICIAN'S Feldman Ir. 23a, BURIAL, CREMATION, | 23b. NAME OF LOCATION (City, town or county) REMOVAL (Specify) TO REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

a. IS RESIDENCE ON A FARM? NO DO

YES

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stata)

22b. DATE

SIGNED

196 2that (I) (wa) last

(County)

Year

19

IF UNDER 24 HRS.

Day

VR A15 (4) 15M 7/61

0.1209 THERED M. EHEMING TO 18 ELECTION Buck Westerner Francis Hande 13, 1910 1 52 1 Quidance San state at another succession and so a land Late Share theman Late Descently Strings es a way to 357-01-20 me hatty Elleman - Lame netalater Careman Consistence colors Mariner Tuldman I MANAGERICE R. Teldmin Ja. 2-6 King L. Beard of 15/62 the law Trescheld Deltan a Miller Local Secretary Collection Standard Collection Collecti

|      |   | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|------|---|------------------|----------------------|----|
| 0421 | 3 | CERTIFICATE      | OF DEATH             |    |

#### **CERTIFICATE OF DEATH**

04210

|  |  |                    |                                  |         |   |                        |  | Keg, Dist. I   | 70.        |                      |
|--|--|--------------------|----------------------------------|---------|---|------------------------|--|----------------|------------|----------------------|
| 1. PLACE OF DEATH a. COUNTY Bal                                      | Ltimore  |                    | MARYL                            | AND     | 2. USUAL RESIDENCE (Who a. STATE Maryla                   |                        | d lived. If institution b. COUNTY              |                | efore odm  |                      |
| b. CITY OR TOWN (I<br>RURAL ond give no<br>Rural - To                |  | , write            | c. LENGTH OF STAY I              |         | c. CITY OR TOWN (If or                                    | utside corpo           | rote limits, write R                           | URAL ond give  | negrest to | wn)                  |
| d. NAME OF HOSPIT<br>OR INSTITUTION                                  | TAL (If not in hospital, gi<br>College Ma:                 |                    | oddress)                         |         | d. street Address 527 Hampton                             | Lane                   |  |                | ON         | A FARM?              |
| 3. NAME OF<br>DECEASED<br>(Type or print)                            | Pearl  |                    | Middle<br>Blan                   | che     | Eichhorn  | 4. DATE<br>OF<br>DEATH | April  | th             | Воу        | Year<br>19 62        |
| 5. SEX<br>Female   | White  | 7. MARRI<br>WIDOWE | DIVORCED                         |         | uly 9, 1884   |                        | 9. AGE (In years<br>last birthday)<br>77 yrs.  | Months Doy     | -          |                      |
| Housewif   | king life, even if retired)                                | one 10b. I         | KIND OF BUSINESS OF              | RINDUST | RY 11. BIRTHPLACE (Stole of Baltimore                     | , Mar                  |  |                | S.A        | AT COUNTRY           |
| 13. FATHER'S NAME  |  |                    |                                  |         | 14. MOTHER'S MAIDEN N                                     |                        |  |                |            |                      |
|  | rd Deaver  |                    |                                  |         | Elizabeth   | h Burt                 |  |                |            |                      |
|  | ER IN U. S. ARMED FOR(<br>(If yes, give war or dates of se |                    | None                             |         | s. Donna Bari   | rett,                  | R.N., 14                                       |                | on A       | ve                   |
| Conditions, if a gove rise to i cause (o), stating lying cause lost. | the under-   | S.BA(F)            | BEALIZED A                       | PRITE   | FEM ORRIS<br>EXOSCUFIROSIS                                | 7/4                    | YPERTT.  |                | ,          | IKS.                 |
|  |  |                    |                                  |         | HEART PA  |                        |  | EN IN PART 1(c | PER        | S AUTOPSY<br>FORMED? |
|  | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)            | 20b. DESC          | RIBE HOW INJURY OF               | CURRED  | . (Enter nature of injury in P                            | Port I or Par          | t II of item 18.)                              |                |            |                      |
| 20c, TIME OF INJUR<br>Hour o. m.<br>p. m.                            | RY Month, Day, Yea<br>19                                   | While              | IJURY OCCURRED Not while of work |         | CE OF INJURY (Home, form, ory, street, office bldg., etc. |                        | or tawn)                                       | (Coun          | ity)       | (State)              |
| actual SIGNATURE PHYSICIAN'S   | Thaddens C   | 18E                |                                  | N       |   | Pennsy                 | n the causes of treet, city or town, rlvania A | stote)         | date sta   |                      |
| 20. BURIAL, CREMATIC<br>REMOVAL (Specify<br>Burial                   | ON, 22b. DATE THEREO                                       |                    | 20c. NAME OF CEME                | TERY OR | CREMATORY   | 22d. LOCA              | TION (City, town,                              |                |            | lote)                |
| 23. FUNERAL DIRECTOR   | 'S SIGNATURE   | c,                 | ADDRESS                          |         |   | BY REGIST              |  | STRAR'S SIGNA  | TURE       | 4                    |

VS A1S (4) 1SM 10/57

|    |  | TATE CHARYS |                             |
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|    | CERTIFICATE OF DEATH   |             | \$12.6F                     |
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TO HOSPITAL RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 n.57 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04244

|   | 1. PLACE OF DEATH                         |  |             |                                |              | USUAL RESIDI                            | _                      | e deceased     | lived, If in                   | Y                      | ince belor |                    |
|---|---|--|-------------|--------------------------------|--------------|---|------------------------|----------------|--------------------------------|------------------------|------------|--------------------|
|   | b. CITY OR TOWN (if                       |  | c. LEN      | MARYLANI<br>NGTH OF STAY IN 1  |              | c. CITY OR TOW                          | ryland N (If outside o | corporete li   | mits, write                    |                        |            |                    |
|   | write RURAL and g                         | ive nearest town)                        | 5уз         | rllmthl2d                      | ys ;         | Y Pa:                                   | rkton,                 | Md.            |                                |                        |            |                    |
| 1 |   | L OR INSTITUTION (if not                 |             |                                |              | d. STREET ADDRE                         | :55                    |                | 11/2                           | 11                     |            | RESIDENCE          |
|   | Spring                                    | Grove State                              | Hospita     | al                             |              | n                                       | one                    |                |                                |                        | YES [      |                    |
|   | 3. NAME OF<br>DECEASED                    | First                                    |             | Middle                         |              | Last                                    | 4. DAT                 |                | Month                          | D                      | ey Y       | 901                |
|   | (Type or print)                           | Spencer                                  |             |                                |              | Ensor                                   | DEA                    |                | Apri                           |                        |            | 962                |
|   | 5. SEX                                    | 6. COLOR OR RACE 7. M                    | ARRIED   N  | DIVORCED                       | 1000         | 19-18 <b>8</b> 8                        |                        |                | (In yeers<br>pirthdey)<br>yrs. | Months Day             | _          | Min.               |
|   | done during most of work  Retired watc    | ing life, even if retired)               | DJ. RI      | BUSINESS OR INDU               | STRY 1       | . BIRTHPLACE (C                         | ounty & State          | , or foreign   | country)                       |                        | S.         | T COUNTRY?         |
|   | 13. FATHER'S NAME                         | MITTER S.                                | - Lat       |                                |              | MOTHER'S MAID                           |                        |                |                                |                        |            |                    |
| 1 | Louis E                                   |  |             |                                |              | Elizabet                                | h Hutch                | hinson         | n                              |                        |            |                    |
| 1 |   | IN U.S. ARMED FORCES?                    |             |                                | . INFO       | RMANT                                   |                        |                | Address                        |                        |            |                    |
|   | No  |  |             | 07-6868                        | Rec          | ords: S                                 | pring                  | Grove          | Stat                           | e Hosp                 | -          |                    |
|   |   | ATH [Enter only one cause WAS CAUSED BY: |             |                                |              |   |                        |                |                                |                        | ONSET AN   | D DEATH            |
| ĕ | IA IA                                     | MEDIATE CAUSE (+)                        | Preumo      | nia                            |              |   |                        |                |                                |                        | 5 da       | ys                 |
|   | 434.4                                     | DUE TO                                   | Adhaga      | wa wawia                       |              | tia. male                               | omin of                | tiol o         |                                |                        |            |                    |
|   | Conditions, if any, gave rise to immediat | e ceuse                                  | Adnes       | ive perica                     | aruı         | unki                                    | nown et                | PTOTO          | <b>3</b> y                     |                        |            |                    |
| ş | (e), steting the und                      |  | Carri       | diac hyper                     | rtro         | oher and c                              | diletet                | ri on          |                                | T. Y                   |            |                    |
|   |   | SIGNIFICANT CONDITIONS                   |             |                                |              |   |                        |                | TION GIVE                      | N IN PART 1(a          | ) 19. WA   | AUTOPSY            |
|   | САТІС                                     |  |             |                                |              |   |                        |                |                                |                        | YES X      | FORMED?            |
|   | PART II. OTHER S                          | CAUSE OF DEATH                           | DESCRIBE H  | OW INJURY OCCU                 | RED. (En     | er nature of injury                     | in Part I or Pa        | art II of iter | n 18.)                         |                        |            |                    |
|   | 20c. TIME OF INJURY                       |  |             |                                |              | F INJURY (Home,<br>treet, office bldg., | etc.)                  | (City or tov   |                                | (County)               |            | (Stete)            |
|   | 21. I certify the                         | at **) (this hospital) id alive on April | ettended th | e deceased fro<br>19.62, and t | mM<br>hat de | ay 4 56                                 | 10 <sup>19</sup> ,     | toAp           | ril<br>causes                  | .23, 196<br>and on the | 2 that KC  | (we) last          |
| à | 22e. SIGNATURE                            | Stella W                                 | achel       |                                | M.D.         | ATTENDING PHYS.                         | MED.<br>DIRECTOR       | ST/            | AFF                            | 4-23                   |            | 2b. DATE<br>SIGNED |
|   | 22c. PHYSICIAN'S<br>NAME (Type)           | Stella Wad                               | hsler,      | M. D.                          |              | 22d. ADDRESS                            | Spring Catons          |                |                                | te Hosy                | pital      |                    |
|   | 230 BURIAL, CREMATIO                      | April 26,1                               | 2/2 N       | onkton 1                       | Mej          | h Comel                                 | esy N                  | lon            | k to                           | n or county)           | nd.        | (State)            |
| 1 | 24 EUNERAL DIRECTOR'S                     | alten Con                                | New ;       | Freedom                        | Fe           |   | APR 2                  |                |                                | GISTRÁR'S SIG          |            |                    |
|   | -11-11                                    |  |             |                                | -            |   |                        |                | -                              | rething 8 9            | lanua      |                    |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION/OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND the 2 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Catonsville filled in Pages 1 after Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS hours 2011 Rockwell Avenue 2011 Rochwell Avenue completely papers. 4. DATE 3. NAME OF Month Middle Lest 72 DECEASED DEATH (Type or print) April Ernest Charles 9. AGE (In years | IF UNDER 1 YEAR carbon 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 5. SEX NEVER MARRIED last birthday) and Months | Days Jan. 27, 1898 WIDOWED TO DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY! 11 BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Baltimore, Maryland Retired-V. Pres. Pressmans Union 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please E attending Property Charles W. Ernest 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address hen (Yes, no, or unkown) | (If yes give wer or detes of service) oval Mr. Charles V. Enest, Jr. - 2014 Rockwell Avenue World War the ig physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. burial-transit DUE TO lending Conditions, if any, peen geve rise to immediate ceuse DUE TO (a), steting the underlying has hospital or and certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Of the Les derosis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER! detached 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) ettended the deceased from. an 1962 and that death occured at SSM from the causes and on the date stated above. plnoys saw the deceased alive on...... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. director, page, be filed with th FUNERAL 22d\_ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Lorraine Park Cemetery OH 26-1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

a. IS RESIDENCE

YES NO

1962

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO N

(State)

DATE

(State)

SIGNED

USA

Year

ON A FARM?

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04216 CERTIFICATE OF DEATH 04213

| I. PLACE OF DEAT                       | Н   |  | 2. USUAL RESIDER               | NCE (Where decessed lived, b. COL  | f institution: Residence before admission       |
|--|---|--|--------------------------------|--|---|
| Ral                                    | timore  | MARYLAND   |                                | rland "  | Mantgowers                                      |
| b. CITY OR TOWN                        | (if outside corporete limits,<br>d give neerest town) |  | -                              | Sec. and a second secon | ite RURAL and give peerest town)                |
|  | ngs Mills   | 7 mos. 10 d  | a. Wash                        | nington, D.C.  | 15 X · 2  |
| d. NAME OF HOSPI                       | ITAL OR INSTITUTION (if                               | not in hospitel, give street eddress)  | d. STREET ADDRESS              | S  | IS RESIDENCE ON A FARM?                         |
| Ros                                    | ewood State   | Training School  | Walt                           | er Reed Army   |   |
| DECEASED                               | First   | Middle   | Lest                           | 4. DATE Mor  | th Dey Yeer                                     |
| (Type or print)                        | Lucir   | nda Fave   | EVANS                          | DEATH 4  | 15 19 62  |
| 5. SEX                                 | 6. COLOR OR RACE 7                                    | MARRIED NEVER MARRIED  | B. DATE OF BIRTH               | 9. AGE (In yeer lest birthdey  | Months Devs Hours Min.                          |
| Female                                 | White   | WIDOWED DIVORCED   | 4/21/61                        | угз.   | Months Deys Hours Min.                          |
|  | TION (Give kind of work orking life, even if retired) |  | RY 11. BIRTHPLACE (Cou         | unty & State, or foreign country   | 12. CITIZEN OF WHAT COUNTRY                     |
| deper                                  |   | none   | Exercus                        | France   | U.S.A.  |
| 3. FATHER'S NAME                       | id dilo -   | 110116   | Everoux,                       | N NAME   | 0.0.R.  |
| Coorne M.                              | and an Property                                       |  | India D                        | amal Vanna (Ta   |   |
| 5. WAS DECEASED EV                     | VER IN U.S. ARMED FORCE                               | ES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT                      | TOT TOME (FA   | ss /  |
| Yes, no, or unkown) (                  | If yes give wer or detes of ser                       | vice)  |                                |  |   |
| no                                     | DEATH lEnter only one of                              | none :euse per line for (e), (b), end (c).}  | Rosewood                       | Records, Owin  | gs Mills Maryland                               |
| PART I. DEAT                           | TH WAS CAUSED BY:                                     |  |                                |  | ONSET AND DEATH                                 |
| _                                      | IMMEDIATE CAUSE (e)_                                  | Broncho-pneumonia  |                                |  | 2 days  |
| 5                                      | DUE TO  |  |                                |  |   |
| Conditions, if en                      | y, which (b)  | Acute bronchitis   |                                |  | 3 days  |
| geve rise to immed<br>(e), steting the | underlying DUE TO                                     | Arnold Chiari mal:   | formation (h                   | ydrocephalus,  | non-  |
| ceuse lest.                            | (c)   | communicating; men   | ningomyeloce                   | le).   | Birth   |
| PART II. OTHE                          | R SIGNIFICANT CONDITI                                 | ONS CONTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERM         | MINAL DISEASE CONDITION G  | IVEN IN PART 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| T i element                            | remone labor  | y of the skull. M  | eningitis (p                   | seudomonas aer   | uginosa) YES X NO                               |
| 200. ACCIDENT W                        | AS UNDERLYING [                                       | 206. DESCRIBE HOW INJURY OCCURE  | D. (Enter neture of injury i   | n Pert I or Pert II of item 18.)   | 3.44  |
| OR CONTRIBUTING                        | G CAUSE OF DEATH                                      |  |                                |  | 34-01-3   |
|  | URY Month, Dey, Yeer                                  | 20d. INJURY OCCURRED   20e. PL   | ACE OF INJURY (Home, fe        | orm, 1 20f. (City or town)   | (County) (State)                                |
| 20c. TIME OF INJ                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    | While Not While fa   | ctory, street, office bldg., e |  |   |
| print.                                 | 19  | et work et work  | 0/2                            | /5 / /5  | - 60  |
| 21. I certify                          | that 44 (this hospita                                 | al) attended the deceased from   | 9/5                            | 19.01 to 4/1   | 2, 19.02, that (4 (we) la                       |
|  | sed alive on  | /1519.62., and tha   | it death occured a.C.          | 55M, Proffe the cause  | s and on the date stated above                  |
| 220. SIGNATUR                          | 4   | 0 1  | ATTENIDING                     | MED. STAFF   | 22b. DATE<br>SIGNE                              |
| 1 1/40                                 | arres I.  | 1. Suller  | M.D. PHYS.                     | DIRECTOR PHYS.   |   |
| 22c. PHYSICIAN'S                       | 5   |  | 22d. ADDRESS                   |  |   |
| NAME (Type                             | Harry G. B  | utler, M.D.  | Rosewo                         | od Lane, Owing   | s Mills, Maryland                               |
| 30. BURIAL, CREMAT                     | TION 236. DATE THERE                                  | OF 23c. NAME OF CEMETERY   |                                | 23d. LOCATION (City,   |   |
| REMOVAL (Specify                       | 4/18/62   | Rosewood Cen   |                                | Owings Mi  | lls. Md.  |
| 4 FUNERAL DIRECTO                      |   | ADDRESS  |                                | EC'D BY REGISTRAR 256. F   |   |
|  | ne & Sons   | Reisterstown, Md.  |                                |  | arthur & Kanes                                  |
|  | ~ ~ ~ ~ ~ ~   | THE PROPERTY OF THE PARTY OF TH | DATE                           | M 11 m 0 0%  | Comment of These                                |

The second second

|                 | hast red   |  | 802303                 |
|-----------------|--|--|------------------------|
|                 | in. re - Aramirchan, D.C.  | 61 .mm 7                                     | alith malso            |
| A 18            | Hallour Head Army Southeal   | Inches animari                               | Routerwedt Sente       |
| 25              | EL SAME STATE OF STAT | over sh                                      | Luid                   |
|                 | 1/10/10  |  | Torile wite            |
|                 | S.U . Syspenson France   | actors                                       | diam'n pau             |
|                 | (unim) garel lored delete  |  | dam'n avendi oprosii   |
|                 | Anacomod Rocords, Orlage 1811s,  | eaon 1                                       | Off.                   |
|                 |  | Messang-incomf                               |                        |
| 3 days<br>Barch | ion palentalus, note<br>min o priocett).   | elsimmer many<br>Lakelio Lake<br>a galamiano |                        |
|                 | (paevicuma esconobre (paevicuma)   | i .Limis udd to y                            | Actoria koletformsæss. |
| -               | 5/3 (1.7.2) 62   | 20 (4)                                       |                        |
|                 | Roservod Lanu, Owlnes 1412s,   |  |                        |
|                 | chatery Colings Mills, Md.   | Door sees                                    | E4411 1/16/62          |

... , ... otaliethich

# FOR STATE HEALTH DEPT.

TO DEPUTY MA. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ssary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

|                      | MARYLAND     | STATE  | DEPARTMENT    | OF HEAL    | rı  |
|----------------------|--------------|--------|---------------|------------|-----|
| ician of STATISTICAL | DESEADON AND | DECORE | C 201 W DDEST | TON STREET | 100 |

04217 TREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04214

| 1. PLACE OF DEATH  • COUNTY Baltimore MARYLAND   | 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before admission)  e. STATE Maryland  b. COUNTY  Baltimore   |  |  |  |  |
|--|--|--|--|--|--|
| b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)                                 | c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)   |  |  |  |  |
| Penwood Terrace   25 yrs.  | X Penwood Terrace  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Res., 8603 North Point Road, 19, M | d. STREET ADDRESS  On A FARM?  |  |  |  |  |
|  |  |  |  |  |  |
| (Type or print) YRACE Ellen &  | Wing  4. DATE Month OF DEATH  4. DATE OF DEATH  4. DATE OF DEATH 1962  |  |  |  |  |
| THE TEXT MAKEE   | 8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.   |  |  |  |  |
|  | a, v 109 yrs.  |  |  |  |  |
| done during most of working life, even it retired Housewife  | 11. BIRTHPLACE (State or foreign country) Virginia  12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  |  |  |  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |
| Alec Alford  | Touisa Walters   |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.                                      | INFORMANT Address  |  |  |  |  |
| (Yas, no, or unkown) (Ifyasgivawarordatasofservica) NO NO NO NO  | rs. Lucille Sherrow P.O. Box 183   |  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | Ft. Howard Warner  |  |  |  |  |
|  | al insufficurity one And DEATH of the Keart directed 10 yrs  |  |  |  |  |
| Hand A DUETO A   | 1 11   |  |  |  |  |
| Conditions, If any, which \ (b) Ayterio Scher  | tic beaut direau 10 yrs  |  |  |  |  |
| gava risa to Immadiata cause   |  |  |  |  |  |
| (a), stating the underlying Cause last.  |  |  |  |  |  |
| 10)  | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY  |  |  |  |  |
| <u></u>  | PERFORMED? YES NO NO   |  |  |  |  |
| PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  | Enter nature of injury In Part I or Part II of item 18.)   |  |  |  |  |
|  | ACE OF INJURY (Homa, farm, fory, street, office bldg., etc.) (City or town) (County) (State)   |  |  |  |  |
| 21. I certify that I took charge of the remains described above, he  | ald an Autopsy . Inspection . Inquiry and in my opinion  |  |  |  |  |
| death resulted from; Natural causes Accident , Suicide , Homicide , Undetermined manner                          |  |  |  |  |  |
| ( ) DAD D.   | CHIEF MEDICAL EXAMINER   |  |  |  |  |
| ACTUAL BIGNATURE OF MICHELLEUS   | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED  |  |  |  |  |
| EXAMINER'S TACK O CALLINS  | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  |  |  |  |  |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF   |  |  |  |  |  |
| 4-7-1962 Burial Meadowridge  | Mem. Park   Washington Blvd. Md.   |  |  |  |  |
| 23. FUNERAL DIRECTOR ADDRESS   | 240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE   |  |  |  |  |
| TOHN J. DIIDA 7922 Wise Ave. 22, Md.   | . DATE APR 5 '62 Cirling & Know  |  |  |  |  |
|  | The state of the s |  |  |  |  |

DESPISATION OF STA Transport to a second to the s Miner State Control of the Control o Note: 10.70 wors cite on I four to the plant in the state of the last the second secon THE REPORT OF THE PARTY OF THE

VR A1S (4) 1SM 7/61

|                               | LAND STATE DEPARTMENT OF |                               |
|-------------------------------|--------------------------|-------------------------------|
| DIVISION OF STATISTICAL RESEA | CERTIFICATE OF DEATH     | STREET, BALTIMORE 1, MARYLAND |
| A * A * O                     | CERTIFICATE OF DEATH     | 04215                         |

| 1. PLACE OF DEATH                       |  |                                     | 2.          | USUAL RESIDEN             |                  |                       |               | idence before       | admission)        |
|---|--|-------------------------------------|-------------|---------------------------|------------------|-----------------------|---------------|---------------------|-------------------|
| Bal                                     | timore   | MARYL                               | AND         | Maryland                  | 1                | b. COUN               | ITY           | V                   |                   |
| b. CITY OR TOWN (in                     | outside corporate limits,                                    | c. LENGTH OF STAY                   | IN 1b       | c. CITY OR TOWN (         | If outside co    | rporata limits, write | RURAL and     | give nearest to     | wn)               |
|   | give nearest town) sterstown                                 |                                     |             | Baltimor                  | e 2              |                       |               | 3001                | , cofe            |
| d NAME OF HOSPIT                        | AL OR INSTITUTION (if n                                      | ot in hospital, give street addres  | :5)         | d. STREET ADDRESS         |                  |                       |               |                     | RESIDENCE         |
| Bent Nurs<br>12020 R                    | eisterstown  | Road                                |             | 621 East                  | Bidd:            | le Street             |               |                     | NO                |
| NAME OF<br>DECEASED                     | First  | Middle                              |             | Last                      | 4. DATE          | Month                 |               | Day Ye              | ar                |
| (Type or print)                         | MARG   | ARET S.                             | FA          | GERLAND                   | DEAT             | н April               | . 1           | 8 19                | 62                |
| 5. SEX                                  | 6. COLOR OR RACE 7.  | MARRIED NEVER MARRIED               | B. D/       | TE OF BIRTH               |                  | 9. AGE (In years      |               |                     | R 24 HRS.         |
| Female                                  | white  | WIDOWED DIVORCED                    | X Au        | g. 19,1878                | 3                | 83 yrs.               | Months Da     | ys Hours            | Min.              |
| Oa. USUAL OCCUPATI                      | ON (Give kind of work<br>king life, even if retired)         | 106. KIND OF BUSINESS OR I          | NDUSTRY 1   | BIRTHPLACE (Coun          | nty & State, o   | or foreign country)   | 12. CITIZI    | EN OF WHAT          | COUNTRY           |
| Housewif                                |  |                                     |             | Virgin                    | nia              |                       |               | U.S.A.              |                   |
| 3. FATHER'S NAME                        |  |                                     | 14.         | MOTHER'S MAIDEN           | NAME             |                       |               |                     |                   |
|   | Unknown  |                                     |             | Unknow                    | m n              |                       |               |                     |                   |
|   | R IN U.S. ARMED FORCE yasgive war or dates of serv           |                                     | . 17. INFO  | PRMANT                    |                  | Address               |               |                     |                   |
| ies, no, or unkown) (iii                | Aaz 8 I Aa Matot Gate 201 201 A                              | none                                | Mrs.        | May Fische                | er,3005          | 5 Kentuck             | y Aven        | ue Zoi              | ne 13             |
| IB. CAUSE OF D                          | EATH [Enter only one ca                                      | use per line for (a), (b), and (c). | ]           |                           |                  |                       |               | INTERVAL B          |                   |
|   | WAS CAUSED BY:   | 1-2-200 1                           | 1000        | 700.0                     |                  |                       |               | ONSET AND           | HEATH             |
| 1122 1                                  | MMEDIATE CAUSE (a)   | CEREBRAL TI                         | TROMI       | 2/2/2                     |                  |                       |               | 29                  | MILL              |
| 7271                                    | DUE TO   | 0-1-                                |             | 2112                      |                  |                       |               | 11                  |                   |
| Conditions, if any gave rise to immedia | [  | ARTERIO SCLER                       | UTIC        | C. U. DISE                | FRISE            |                       |               | - YEA               | 77.17             |
| (a), stating the ur                     | DIJE TO  |                                     |             |                           |                  |                       |               |                     |                   |
| cause last.                             | ) (c)  |                                     |             |                           |                  |                       |               |                     |                   |
| PART II. OTHER                          | SIGNIFICANT CONDITIO   | ONS CONTRIBUTING TO DEATH           | BUT NOT RE  | LATED TO THE TERMI        | NAL DISEAS       | E CONDITION GIV       | EN IN PART 1  | (a) 19. WAS<br>PERF | AUTOPSY<br>ORMED? |
| 3                                       |  |                                     |             |                           |                  |                       |               | YES                 | NO X              |
|   | AS UNDERLYING [] 2<br>[] CAUSE OF DEATH<br>MEDICAL EXAMINER) | Ob. DESCRIBE HOW INJURY O           | CCURED. (En | ter nature of injury in   | Part I or Part   | II of item 18.)       |               |                     |                   |
| 20c. TIME OF INJU                       | RY Month, Day, Year  | 20d. INJURY OCCURRED   2            |             | F INJURY (Home, farm      |                  | ity or town)          | (Count        | у)                  | (State)           |
| 20c. TIME OF INJU                       | 19   | While Not While at work             | factory,    | street, office bldg., etc | t                |                       |               |                     |                   |
| Print.                                  |  |                                     | 7           | 14-                       | 1062- 1          | MI i                  | F 106         | 7 about (1)         | (well la          |
|   |  | ) attended the deceased             |             |                           |                  |                       |               |                     |                   |
|   | ed alive on  | 1.1.71962, an                       | d that de   | ain occured ai.           | DAM, ITO         | m the causes          | and on the    |                     | b. DATE           |
| 22a. SIGNATURE                          | - XE B   | 1.0                                 |             |                           | MED.<br>DIRECTOR | STAFF PHYS.           |               | 4/10/1              | SIGNE             |
| 22c. PHYSICIAN'S                        | ann 6.86   | my                                  | M.D.        | PHYS.                     | DIRECTOR         | FN13                  |               | 111016              |                   |
| NAME (Type)                             | MADDEIN/ 1   | - CAPARM                            |             | Drice                     | EPITI            | 11.1.1                | my            | ,                   |                   |
| C COUNTY COUNTY                         | ON 1 23b. DATE THEREO  | OF 23c, NAME OF CEA                 | AETERY OR   | CREMATORY                 | 1334 10          | CATION (City, to      | wn or county) |                     | (State)           |
| REMOVAL (Specify)                       | 4-21-62  |                                     |             | al Cemeter                |                  | Taylor Av             |               |                     |                   |
| FUNERAL DIRECTOR                        | 'S SIGNATURE ., 1217 St.H                                    | Paul Street                         |             | 44.00                     | PR 2 3 '6        |                       | Cluy S. H     | -                   |                   |

15310 A CONTRACTOR OF THE PROPERTY OF THE PARTY OF . . . . . . . Aprova wilders Merchanis Collins and was cons To Regulate To Regulation THE SALE OF THE STREET, STREET the state of the s ACTO STATE OF THE PROPERTY OF THE PARTY OF T CO NEW MENT OF A COMMITTEE TO A SUR- SO LYNC OF THE COMMITTEE COMMITTEE TO STATE A COMMITTEE TO STATE AND A COM the Court Lag 17:17 Et Pin't Berses

# FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral discor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. essary, CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay TO DEPUTY IN

VS. A1SME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04216

| 1. PLACE OF DEAT                          | Н   |                              | 2. USUAL RESIDEN   | ICE (Where deceas       | ed lived, If in: | stitution: Reside | nce before a  | dmission)          |
|---|---|------------------------------|--|-------------------------|------------------|-------------------|---------------|--------------------|
| a. COUNTY Relt:                           | imore   | MARYLAND                     | . STATE Marv   | land                    | b. COUNT         | timore            | 2             |                    |
|   | (if outside corporete limits.                         | c. LENGTH OF STAY IN 16      | c. CITY OR TOWN  |                         |                  |                   |               | (m)                |
|   | d give nearast town)                                  |                              |  |                         |                  | OKAL BIIG SITT    | , nasiasi ion | ,                  |
| Dund                                      |   | 30 years                     | X Dund   | BIK (                   | 22)              |                   |               |                    |
|   | ITAL OR INSTITUTION (if not in ho                     | spital, give streat address) | d. STREET ADDRESS  |                         | 7                |                   |               | SIDENCE<br>A FARM? |
| 120                                       | Kinship Road  |                              | 120  | Kinship                 | Road             |                   | automa.       | ио 🗓               |
| 3. NAME OF<br>DECEASED                    | First   | Middle                       | Last   | 4. DATE                 | Month            | Dey               | y Yeer        |                    |
| (Type or print)                           | PETER   | E. FAHEY                     |  | DEATH                   |                  | 18th              |               | 2                  |
| 5. SEX                                    | 6. COLOR OR RACE 7. MARRIE                            | ED NEVER MARRIED B           | . DATE OF BIRTH  |                         |                  | UNDER 1 YEAR      |               |                    |
| male                                      | white   widowi  | DIVORCED                     | May 18,18  | 82 70                   | yrs.             | Months Days       | Hours         | Min.               |
| 10a. USUAL OCCUPA                         | TION (Giva kind of work orking lifa, aven if retired) | IND OF BUSINESS OR INDUSTR   | Y   11. BIRTHPLACE (State  | or foreign country      | 250              | 12. CITIZEN       | OF WHAT C     | OUNTRY?            |
| Heater                                    | olking ma, aven if refired;                           | Steel                        | Ohio   |                         |                  | USA               |               |                    |
| 13. FATHER'S NAME                         |   | 20001                        | 1 14. MOTHER'S MAIDEN  | NAME                    |                  | OUR               |               |                    |
| 2   |   |                              |  |                         |                  |                   |               |                    |
| Patric.                                   | K Fahey<br>VER IN U.S. ARMED FORCES?   16.            | SOCIAL SECURITY NO.   17. 1  |  | ine Need                |                  |                   |               |                    |
| (Yas, no, or unkown)                      | (If yes give war or dates of service)                 |                              |  |                         | Address          |                   |               |                    |
| no  | [2]   |                              | Maude T.Fal  | ney s                   | ame a            | s #2              |               |                    |
|   | DEATH [Enter only one cause per                       | line for (e), (b), and (c).] | 0.   | 0                       |                  |                   | NTERVAL BET   |                    |
| PART I, DEA                               | TH WAS CAUSED BY: IMMEDIATE CAUSE (a)                 | OKONITY                      | , Uca  | usen                    |                  |                   | TOLI AND D    | EAIN               |
| 420,                                      | / DUE TO  |                              | 1  |                         |                  |                   |               |                    |
| Conditions, if en                         | 1   | 1-J-C-1                      | DISE   | ASe                     |                  |                   | _             |                    |
| geve risa to Immad                        | dieta cause   |                              |  |                         |                  |                   |               |                    |
| (a), stating the                          | underlying  |                              |  |                         |                  |                   |               |                    |
| cause last.                               | ) (c)   | ITHIBUTURE TO BEATH BUT ME   | TO A TO A COLUMN TO THE COLUMN |                         |                  |                   |               |                    |
| PAKI II. OTHE                             | R SIGNIFICANT CONDITIONS CON                          | AIRIBUTING TO DEATH BUT NO   | DI KELATED TO THE TERMI  | NAL DISEASE CON         | DITION GIVEN     | I IN PART 1(e)    | 19. WAS AL    |                    |
| 3   |   | 1                            |  |                         |                  |                   | YES           | E ON               |
| PART II. OTHE                             |   | IBE HOW INJURY OCCUPED. (    | ntar nature of Injury In Per   | rt I or Part II of Item | 18.)             |                   |               |                    |
| CAUSE OF DEATH                            |   | ///                          | m Q  |                         |                  |                   |               |                    |
| 20c. TIME OF INJ                          | URY Month, Dey, Yeer   2Dd.                           |                              | OF INJURY (Home, fare  |                         | own)             | (County)          | (             | (State)            |
| Hour e.m.                                 | While   |                              | ory, street, office bldg., atc   | .)                      |                  |                   |               |                    |
| Pilli                                     | 12  |                              | lal on Autonou 🗔   | la constitution [A]     | /1 .             |                   | 1.1           |                    |
|   | hat I took charge of the rem                          |                              |  | Inspection 1            | to the same      |                   | in my op      | ointon             |
| death resulted                            | from: Natural causes                                  | Accident, Suic               | ide, Homicide  | Undete                  | rmined mar       | ner               |               |                    |
|   | XXVXX   | 1010                         | CHIEF MEDICAL  | EXAMINER                |                  |                   |               |                    |
| ACTUAL<br>SIGNATURE                       | 00101   | ) allow-                     | M.D. ASSISTANT MED   | ICAL EXAMINER           |                  |                   | DATE SIGI     | NED                |
| EXAMINER'S                                |   |                              |  | L EXAMINER TO           |                  | 1                 | 1/20/         | 62                 |
| NAME (Typa)                               | Melvin B. Davi  | s, M.D.                      | Address (Street,   | city, town, or count    | rylan            | d                 | -/ 20/        | 52                 |
| 22e. BURIAL, CREMATIC<br>REMOVAL (Specify | ON, 22b. DATE THEREOF                                 | 22c. NAME OF CEMETERY OF     |  | 22d. LOCATION           |                  | r country)        | (State        | )                  |
| Burial                                    |   | Moreland Mer                 | noniol   | Baltimo                 | no Ma            | מרחודיים          | 3             |                    |
| 23. FUNERAL DIRECTO                       |   | ADDRESS                      |  | 'D BY REGISTRAR         | 24b. REGIST      | RAR'S SIGNAT      | TURE          |                    |
| Walter B:                                 | mooks Brodler   | Ina Dundall                  |  | PR 2 3 '62              |                  | hun S. Ku         |               |                    |
| WALVEL D.                                 | rooks Bradley,  | THE , DUNGATI                | L CC, PILIDATE   |                         |                  |                   | 7             |                    |
|   |   |                              |  |                         |                  |                   |               |                    |

| 015(1) |             | E E LUKA JUL LA POSEAL (2.1517)          |     |
|--------|-------------|--|-----|
|        | Berg Garage |  | MIL |
|        |             |  |     |
| ę      |             |  |     |
|        |             |  |     |
|        | C230        |  |     |
|        |             | Carried Annual Company Services          |     |
|        |             |  |     |
|        |             |  |     |
|        |             |  |     |
|        |             |  |     |
|        |             |  |     |
|        |             | es facilitations seedler, inc., lunbelle |     |

|               | MARYLAND ST  | TATE                | DEPARTMENT   | OF HEA                 |                    |                    |                                     |
|---------------|--|---------------------|--|------------------------|--------------------|--------------------|-------------------------------------|
|               | Rivision of STATISTICAL RESEARCH AND R  MEDICAL EXAM   | INER'               | S CERTIFICA  | TE OF                  | DEATH              | ORE 1, MAI         | RYLAND<br>1947                      |
| 1,            | PLACE OF DEATH S. COUNTY Baltimore   | YLAND               | 2. USUAL RESIDEN  o. STATE Md                                | CE (Whare dec          |                    | stitution, Residan |                                     |
|               | b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  Catonsville  |                     | c. CITY OR TOWN (  Catonsvil                                 |                        | rate limits, write | RURAL end give     | naarest town)                       |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add  407 Forest Lane   | iress)              | d. STREET ADDRESS 407 Forest                                 | Lane                   |                    |                    | IS RESIDENCE     ON A FARM  YES     |
| -             | NAME OF First Middle DECEASED (Type or print) Flossie May  | 44                  | Last<br>Faidlev  | 4. DATE<br>OF<br>DEATH | Month              | Day                | Yeer<br>1060                        |
|               | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI  | IED B               | . DATE OF BIRTH  | 9.                     | AGE (In years   I  | 24                 | IF UNDER 24 HRS.<br>Hours   Min.    |
| l0e<br>doi    | Female White WIDOWED DIVORCE  . USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired)  bme duties  Home |                     | Jan 1 1884<br>Md.  | or foreign coul        | 78 yrs.            |                    | S A                                 |
| _             | FATHER'S NAME  |                     | 14. MOTHER'S MAIDEN  | NAME                   |                    |                    |                                     |
|               | WAS DIVERSED OR IN U.S. ARM FORCES? 16. SOCIAL SECURITY POSS., no., or unknown) (Ifyesgivawarordalesofservice)                         | NO. 17. 3           | John W. Faid   | dner<br>ley.407        | Address<br>Forest  | Lane 2             | 8                                   |
|               | DUE TO Condition To Condition  | Jorone              | ary heart dis  |                        | erosis             |                    | TERVAL BETWEEN NSET AND DEATH       |
|               | Conditions, if any, which gave rise to immediate cause (e), stelling the underlying cause last.  (b) CAPUIO VESCUI                     | Lus u.              | aboutory in to   |                        |                    |                    |                                     |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA  | TH BUT NO           | OT RELATED TO THE TERMIN                                     | NAL DISEASE C          | ONDITION GIVE      | N IN PART 1(a)     | 19. WAS AUTOPS PERFORMENT? YES NOTE |
|               | 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  | CCURED. (           | Enter nature of injury in Par                                | t I or Part II of      | tam 18.)           |                    |                                     |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED While Not While at work 19 at work 19  |                     | CE OF INJURY (Home, farm<br>tory, straet, offica bldg., etc. |                        | or town)           | (County)           | (Stete)                             |
| -             | 21. I certify that I took charge of the remains described a death resulted from: Natural causes . Accident                             | bove, he<br>], Suic |  | Inspection Und         | Inquiry            |                    | in my opinion                       |
|               | ACTUAL SIGNATURE SLEV MUSICE STEP  | _                   | CHIEF MEDICAL  ASSISTANT MED                                 | ICAL EXAMINE           | 107                | _                  | DATE SIGNED                         |
| 22a           | EXAMINER'S NAME (Type)  Geo S.M. Kieffer M.D.  BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CE.                                  | METERY OF           | DEPUTY MEDICAL  Addrass (Straet, of CREMATORY                | city, town, or co      |                    | Leeds A            |                                     |
| 0.0           | Burial 4/26/62 Mt.Olive  |                     |  | Balt                   | .Md.               |                    |                                     |
| W             | Vitzke F.D. 4101 Edmonds on Ave  | •                   |  | PR 2 6 '62             | AR 24b. REGIS      | Thung S. Ka        |                                     |
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPI 1. PLACE OF DEATH e. COUNTY a. STATE s ector. r-files. Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ō Reisterstown Reisterstown Board Pol d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS nould be executed within 24 hours after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained to burial-transit permit. File pages 1 and 2 with the State Bo haval. and in any evept-within 72 hours after death. Old Hanover Road Old Hanover Road 3. NAME OF First Middle DATE Month DECEASED OF (Type or print) Richard Farace DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years Jest birthdey) May 30,1896 Male White DIVORCED X WIDO WED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Retired Farmer Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent Farace Rose A. Scalco SICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) Richard J. Farace Yes 216-01-6859 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Massive B rain Damage IMMEDIATE CAUSE (e) DUF TO remoyal, Fractured Skull Conditions, if envy which (b) "pending" geve rise to immediate cause Examiner's 10 DUE TO (e), steting the underlying used as 6 cause last. cremation, CERTIFICATION 99 lease execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS age 3 short PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURREDE 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (Cily or town) factory, street, office bldg., etc.) While Not While at work at work street prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Accident X designated agent, death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Address Green, city, town, or county Martin E. Strobel NAME (Type) Dr. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) April 16,62 Burial Evergreen Memorial OH ā 40 0 23. FUNERAL DIRECTOR VS. A15ME

Reisterstown. Md.

5M 7/59

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Balto. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES X NO Year 62 April 13. 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? USA Easton Penna. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F Auto driven by deceased struck by train (County) Reisterstown, Balto., Md. and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) Finksburg, Md. 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE arthur S. Krons J. F. Eline & Sons

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

e. IS RESIDENCE

ON A FARM?

YES NO M

Year

19 62

Raltimore

April 23

Months

IF UNDER 1 YEAR IF UNDER 24 HRS

U. S. A

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 14

(Stote)

-SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

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| campletely filled in by the to all directar bapers. Pages 1 and 2 shauld be filed with | iurs after death |

o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Catonsville Catonsville [rural] 60 Yrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Hilton Ave. All Saint's Convent NAME OF First Middle Last 4. DATE DECEASED (Type or print) Sister Agnes of all Saint's DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years last birthday) Female White WIDOWED [ DIVORCED | 10p. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 72 ha pup Professed Sister the poor New Jersey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Anne W. Kip withi Rev. William George Farrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address All Saint's Convent Catonsville - 28, Md. attending No please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) and the DUE TO py permit. remaval Conditions, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost burial-transit 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) use as the ta burial, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year factory, street, office bldg., etc.) Hour a.m. While Nat while this at wark ot work far After 1940 to 4-23-, 1962, that (1) (New last 21. I certify that (I) (this haspital) attended the deceased fram. detached o FUNERAL DIRECTOR: A page 3 shauld be detached the State Board of Health 21 - 1962, and that death accurred at from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR [ M.D. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Wilmer K. Gallager M. D. 2609 Frederick Ave. Catonsville - 28, Md.

23c. NAME OF CEMETERY OR CREMATORY

Catonsville, Mi.

23d. LOCATION (City, town, or county) (Stote)

REMOVAL (Specify) All Saint's Convent Cem. Buria 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Catonsville. Md. 25h REGISTRAR'S SIGNATURE 25a. REC'D 8Y REGISTRAR

DATE APR 2 7 '62 arthur & Kraus

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

0 VR A15 (4) 15M 9/59

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Wilmer L. Celleger L. D. (609 rederick Ave. Cotonsville - 28, 16.

Portal 4/25/1962 All Soitt's Convent Com. Catonsville, Md.

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Tillner Mr. Fallager

VS A15 (4) 15M 10/57

| ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR | E, 18 #/       |       |
|---|----------------|-------|
| CERTIFICATE OF DEATH                        | Reg. Dist. No. | 04220 |

| 1. PLACE OF DEATH<br>o. COUNTY                                  | Baltimore   | MARYLAND  | 2. USUAL RESIDENCE (When a. STATE                             | e deceased lived. If institution b. COUNTY  | n: Residence before odmission) Baltimore                                |
|---|---|---|---|---|---|
| b. CITY OR TOWN<br>RURAL and give                               | (If outside carporate limits, wri                                 | te c. LENGTH OF STAY IN 16                              |   | side corporate limits, write RI   |   |
| NOW IE OND GIVE   | Towson  | ll years  | X Towson  |   |   |
| OR INSTITUTION  | PITAL (If not in hospital, give str                               | eet oddress)<br>on Helpers Conve                        | d. STREET ADDRESS   | st Joppa Road   | e. IS RESIDENCE<br>ON A FARM?<br>YES \( \) NO \( \) \( \)               |
| 3. NAME OF  | First   | Middle  |   |   |   |
| (Type or print)   | Sister Mary   | Isaia (Finneran   | )   | DEATH April   | 7, 1962 19  |
| 5. SEX  | 6. COLOR OR RACE 7. M   | ARRIED NEVER MARRIED                                    | B. DATE OF BIRTH  | 9. AGE (In years lost birthdoy)   | IF UNDER 1 YEAR IF UNDER 24 HRS.  |
| Female  | White WIDE  | OWED DIVORCED   | April 20, 18  | 86 yrs.   | Months Days Hours Min.  |
| 100. USUAL OCCUPAT  | ION (Give kind of work done                                       | Ob. KIND OF BUSINESS OR INDUS                           | STRY 11. BIRTHPLACE (State or                                 |   | 12. CITIZEN OF WHAT COUNTRY?  |
|   | Num   | Convent   | Irelan  | 9 0-0   | U.S.A.  |
| 13. FATHER'S NAME   | Patrick 1   | Finnersn  | 14. MOTHER'S MAIDEN NA  | we<br>y Hanley  |   |
| 15 WAS DECEASED EV  | VER IN U. S. ARMED FORCES?  |   | NFORMANT  | Addr  |   |
| (Yes, no. or unknown)   | (If yes, give wor or dates of service)                            |   | onvent Records  |   |   |
| Conditions, if gave rise to couse (a), stoting lying couse last | immediate g the under-  | Temp  | Corcen  | max 86  | hay buts  |
| CAI   |   | NS CONTRIBUTING TO DEATH BUT                            | NOT RELATED TO THE TERMINA                                    | AL DISEASE CONSITION GIV  | EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO                       |
| OR CONTRIBUTION (IF EITHER, NOTIF                               | VAS UNDERLYING 20b. I<br>IG CAUSE OF DEATH<br>Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRED                            | D. (Enter nature of injury in Po                              | rt I or Port II of item 18.)  |   |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                        | . wi  | d. INJURY OCCURRED 20e. PL/ nile Not while work at work | ACE OF INJURY (Home, form, story, street, office bldg., etc.) | 20f. (City or town)   | (County) (Store)  |
| 21. I certify to alive on                                       | Charle  | of Donnell, M.D.  | occurred at   | M, from the causes of DORESS (Street, city or town, some York Road  | that I lost saw the deceased and on the date stated above.  DATE SIGNED |
| 220. BURIAL, CREMATI  | ON, 22b. DATE THEREOF   | 22c. NAME OF CEMETERY OF                                |   | 2d. LOCATION (City, town, o   | r county) (State)   |
| REMOVAL (Specify  | 4/10/62   | Convent Ceme  |   |   | (   |
| 23. FUNERAL DIRECTO   |   | ADDRESS   |   | BY REGISTRAR 246. REGIS   | Rd. Towson, Md.   |
| So Vonosa   | (/  | 11 Dowle Hedebte  |   | Marie Control of the | That & Kraus  |

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by COUNTY/ 1 2 d MARYLAND pue deat b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) ita RURAL and give nearest town hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) a. IS RESIDENCE ON A FARM? papers. n 72 hou YES NO completely 3. NAME OF First Middle DATE Month Day Year DECEASED OF DEATH (Type or print) carbon pi 19 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. OR RACE 7. MARRIED NEVER MARRIED and lest birthday) Months Days Hours WIDOWED 12 DIVORCED YES. physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) rme1 many please 13. FATHER'S NAME 2 aftending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? law requires that the (Yes, no, or unkown) | (If yes give wer or dates of service) signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c INTERVAL BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO attending has been zonale Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last the 9 certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY CERTIFICATION 98 hospital PERFORMED? prior NO YES 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this detached MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stete) Month, Dev. Yeer Not While factory, street, office bldg., etc.) While Hour a.m. et work at work DIRECTOR: p.m. 19.6.2, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... to. plnods saw the deceased alive on.... DATE 22a. SIGNATUR SIGNED ATTENDING MED STAFF death. Page 4 I PHYS. DIRECTOR PHYS. M D page PHYSICIAN'S 22d. ADDRESS NAME (Type) director, l 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY RBMOVAL (Specify) OF FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE 62 L. Krays

death certificate

AND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04225

CERTIFICATE OF DEATH

04222

|               |   | リセススラ   | CEI               | RTIFICATE         | OF DEATH  |                         |   | 04          | 222                                     |
|---------------|---|---|-------------------|-------------------|---|-------------------------|---|-------------|---|
| 1             | Baltimor  | e   |                   | MARYLAND          | 2. USUAL RESIDEN<br>Penna.                                  |                         | d lived, If Instituti<br>ь. COUNTY<br>ancaste |             | ce before edmission)                    |
| T             | owson   | outside corporete limit<br>give nearest town)<br>Balto. Co                | unty              | 6 week            | Lancast   |                         | limits, write RURA<br>aster C                 |             | enna.                                   |
| 1             | 710 Edge  | wood Road   |                   |                   | d. STREET ADDRESS   | iata St.                | 75 Lancas                                     | ter         | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
|               | NAME OF<br>DECEASED<br>(Type or print)                      | Anna  | Ma                |                   | Fisher  | 4. DATE<br>OF<br>DEATH  | Apr.  | 18          | 19 <b>62</b>                            |
| 5.            | F.  | 6. COLOR OR RACE  | 7. MARRIED NEV    |                   | 3t.2,1879   | 9. AG<br>last           | E (In years   IF UNI<br>birthdey) Monti       |             | IF UNDER 24 HRS. Hours Min.             |
|               |   | ON (Give kind of work<br>king life, even if retired<br><b>NE</b>          | 10b. KIND OF BU   | ISINESS OR INDUST | Strasburg   | Pen                     | na.   | , CITIZEN O | U.S.                                    |
| 13.           | John Mo   | wery  |                   |                   | Mary McC  | NAME                    |   |             |   |
|               |   | R IN U.S. ARMED FOR<br>yes give war or dates of se                        |                   | Mr                | NFORMANT<br>Paul Rife                                       |                         | Address                                       | Rd To       | Md.                                     |
|               | PART I. DEATH   | EATH (Enter only one<br>I WAS CAUSED BY:<br>MMEDIATE CAUSE (a)_<br>DUE TO | urem              | , (b), and (c).]  |   |                         |   | LINT        | TERVAL BETWEEN NSET AND DEATH           |
|               | Conditions, if any gave rise to immedia (e), steting the ur | , which (b)_  | Henep             | legia             | oses will 6   | 0 1 1                   | 7   | /           | olays                                   |
| VIION         | PART II. OTHER  | SIGNIFICANT CONDIT  | IONS CONTRIBUTION | G TO DEATH BUT N  | ot related to the term                                      |                         |   | PART 1(a) 1 | 19. WAS AUTOPSY<br>PERFORMED?<br>YES NO |
| CERTIFICATION |   | AS UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)                          | 20b. DESCRIBE HO  | W INJURY OCCURE   | D. (Enter neture of injury in                               | Part I or Part II of it | em 18.)                                       |             | ILS [] NO WA                            |
| MEDICAL       | 20c. TIME OF INJUI  | RY Month, Day, Yea  | WhileNot          |                   | ACE OF INJURY (Home, far<br>trory, street, office bldg., et |                         | own)  | (County)    | (State)                                 |
|               |   | - 1   |                   |                   | 3/1/L<br>t death occured all                                | 7 //-                   |   |             |   |
|               | 22a. SIGNATURE  | nloun   | wy                | A                 | ATTENDING PHYS.   |                         | TAFF<br>HYS.                                  | 4           | 22b. DATE<br>SIGNED                     |
|               | 22c. PHYSICIAN'S<br>NAME (Type)                             | W.m. C  | onway             | hD                | 83JELCH   | ch Rave                 | a Blood,                                      | Tow.        | un x las                                |
|               | Removal (Specify)   | 4/18/6  |                   | erview l          |   |                         | burg, P                                       | enna        | (Stete)                                 |
|               | FUNERAL DIRECTOR  |   |                   | DDRESS            | 1.  | EC'D BY REGISTRAR       |   |             |   |
|               | MIII . COOK -   | Towson, In  | C. TODO Y         | OFK RO.           | 4 DATE  | APR 2 3 '62             | Clith   | w 8 H.      | nts A                                   |

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, hours after
death. Page 4 May be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled throw the funeral
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should
be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

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Wm. Cook-Powern, Inc. 1050 Foric Rd. A trans with the service character of the service character

# death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the total director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours offer death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

04226

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04223

|                      |         |   | SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE Dampland  b. COUNTY 3 / Mork   |
|----------------------|---------|---|---|
|                      | Ru      | RURAL and give nearest town) RURAL - Cockeysville most of life R  | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  wirel - Cockeysville X   |
|                      | •       | OR INSTITUTION C  | 1. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO.   |
|                      |         | RESSIE REBECCA FORD Middle (Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | Lost 4. DATE OF DEATH A Pril 11 1962  |
|                      |         | Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE WIDOWED DIVORCED 1   | 7. AGE (In years lost birthdoy) 7. Age (In years lost lost lost lost lost lost lost los   |
| Action to the second |         | 0   | 11. BIRTHPLACE (State or foreign country)  Many land  MOTHER'S MAIDEN NAME  |
|                      |         | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes. no. or unknown) (If yes. give war or dotes of service) NONZ  EIL | SWONTH FORD COCKERVILLE, Md.  |
|                      | CATION  | ) (c)   | interval Between ONSET AND DEATH of Sclero fre the sclero free free free free free free free f |
|                      | CERTIFI | 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | er noture of injury in Port I or Port II of item 1B.)  F INJURY (Home, farm,   20f. (City or town) (County) (State)   |
|                      | MEDICAL | Hour o. m.  p. m.  19  While Not while of work  | street, office bldg., etc.)   |
|                      |         | 220. SIGNATURE Elizabeth Betherill Mrd M.D. 220. PHYSICKN'S   | accurred a 55 M, from the causes and on the date stated above.  ATTENDING MED. DIRECTOR STAFF PHYS.   22d. ADDRESS  |
|                      | 23a.    | 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE  |   |
| 3                    | 24      | BURIAL 4-14-62 Poplar Grove Ceme  | ctery   Cockeysville Maryland   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE  |
| >                    |         | Brooks Funeral Service, Inc. Towson 4, Md.  | DATE APR 1 6 '62 Carthur & through  |

TO HOSPITAL OR A VR A15 (4) 15M 9/59

le haspital ar attending physician.

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MARYLAND STATE

ENT OF HEALTH ORD., JULY W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Yeer 19 IF UNDER 24 HRS. 9. AGE (fn yeers | IF UNDER 1 YEAR | Months Days Hours 12. CITIZEN OF WHAT COUNTRY? same INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO (County) (Stete) to 4 - 7 , 1962 that (1) (wa) last 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stete) 25b. REGISTRAR'S SIGNATURE arling S. Kraus

# FOR STATE HEALTH DEPT

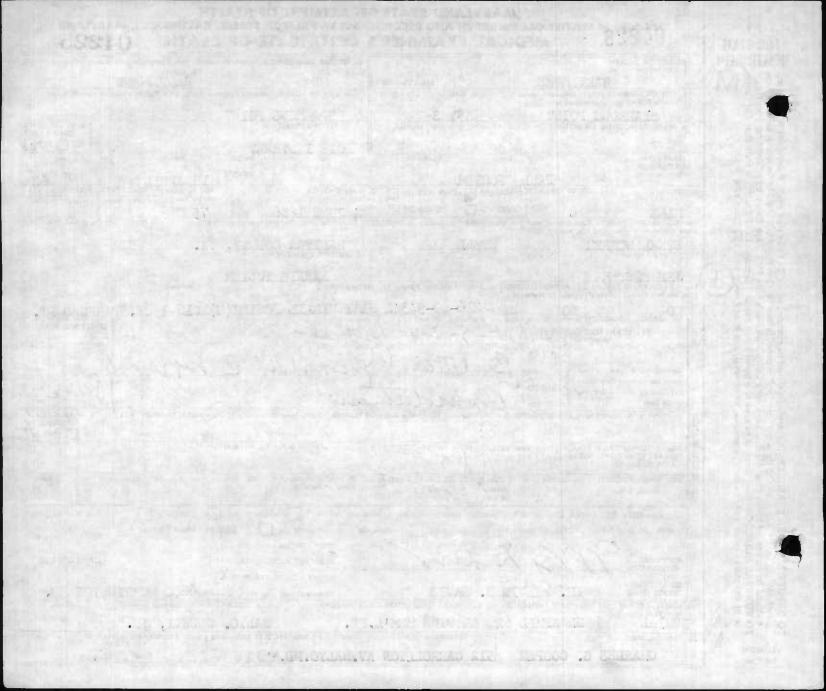
TO DEPUTY MEACCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ssary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heafth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04225

| 1. PLACE OF DEATH  |                                 | 2. USUAL RESIDEN   | E (Where deceased lived, If it    | nstitution: Residence before edmission       |
|--|---------------------------------|--|-----------------------------------|--|
| COUNTY     BALTIMORE   | MARYLAND                        | o. STATE<br>MD   | b. COUNT                          |  |
| b. CITY OR TOWN (if outside corporate limits,  | c. LENGTH OF STAY IN 1b         |  | f outside corporate limits, write | RURAL and give nearest town)                 |
| write RURAL end give nearest town)   |                                 | V  |                                   |  |
| SPARROWS POINT   | 45YRS                           | SPARROWS  d. STREET ADDRESS  | POINT                             | I e. IS RESIDENC                             |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in  | nospital, give street address)  | d. SIREEI ADDRESS  |                                   | ON A FARM                                    |
|  |                                 | 1018 I STR   | EET                               | YES NO                                       |
| 3. NAME OF First DECEASED  | Middle                          | Last   | 4. DATE Month                     | Dey Year                                     |
| (Type or print)  | OSTER                           |  | DEATH 18 APR                      | 19 60  |
| 5. SEX 6. COLOR OR RACE 7. MAR   |                                 | DATE OF BIRTH  | 9. AGE (In yeers                  | FUNDER 1 YEAR IF UNDER 24 HRS                |
|  | WED DIVORCED                    | / mm = 46/   | last birthday)                    | Months Deys Hours Min.                       |
| TIBLE  | . KIND OF BUSINESS OR INDUSTR   | 4 JUNE 1886  |                                   | 1 12. CITIZEN OF WHAT COUNTRY                |
| done during most of working life, even if retired)   |                                 |  |                                   |  |
| STEEL WORKER   | STEEL                           | HALTFAX C  |                                   | USA  |
| IS. PATREK S NAME  |                                 | 14. MOTHER'S MAIDEN  | NAME                              |  |
| JIM FOSTER   |                                 |  | FOSTER                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (Ifyes give werordeles of service)  | 16. SOCIAL SECURITY NO. 17. 1   | NFORMANT   | Address                           |  |
|  | 216-09-5434A M                  | ARY WILLTE F   | OSTER(W)1018 I                    | ST. SPARROWS PT.                             |
| 18. CAUSE OF DEATH [Enter only one cause p   | er line for (e), (b), and (c).) | A STATE OF THE PARTY OF THE PAR | COTTEC WATOTO T                   | INTERVALBETWEEN                              |
| PART I. DEATH WAS CAUSED BY:   | 7-5- C-V- N                     | Ben  | 7                                 | ONSET AND DEATH                              |
|  |                                 |  |                                   |  |
| विष्यु विषय  | i-Vitario                       | 1.0 - 1.1.   | rāhin                             | / /  |
| Conditions, if eny, which geve rise to immediate cause   | n species v                     | 1 september 1  | 2. 6 10/1                         | 40   |
| (e), stelling the underlying DUE TO  | 11111111                        |  |                                   | 11/1/2                                       |
| cause last. (c)  | your well                       | ley  |                                   | 10   |
| PART II. OTHER SIGNIFICANT CONDITIONS  | ON RIBUTING TO DEATH BUT NO     | T RELATED TO THE TERMIN  | IAL DISEASE CONDITION GIVE        | N IN PART (a) 19. WAS AUTOPSY<br>PERFORMED?3 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONDIT | 1                               |  |                                   | YES NO                                       |
| 200. EXTERNAL CAUSE WAS   20b. DES   | CRIBE HOW INJURY-OCCURED. (E    | nter neture of injury in Parl  | I or Pert II of item 18.)         |  |
| PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  | 111                             |  |                                   |  |
| 20c. TIME OF INJURY Month, Day, Year   29  | d. NJURY OCCURRED 1 200. PLA    | CE OF INJURY (Home, ferm   | , ; 20f. (City or town)           | (County) (State)                             |
| O Hour a.m.  | hile Not While fect             | ory, street, office bldg., etc.  |                                   |  |
|  |                                 |  |                                   |  |
| 21. I certify that I took charge of the r  |                                 |  | Inspection Inquiry                |  |
| death resulted from: Natural causes  | , Accident, Suici               | de, Homicide   | , Undetermined ma                 | anner  |
| mas  | 1                               | CHIEF MEDICAL 8  | XAMINER                           |  |
| ACTUAL SIGNATURE   | Tary                            | M.D. ASSISTANT MEDI  | CAL EXAMINER                      | DATE SIGNED                                  |
|  |                                 | DEPUTY MEDICAL   | EXAMINER T                        |  |
| NAME (Type) DR. MELVIN   | B. DAVIS                        | Address (Street, o   | ity, town, or county) 6800        | MORNINGTON RD.                               |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF  | 22c. NAME OF CEMETERY OF        |  | 22d. LOCATION (City, town,        |  |
| BURIAL (Specify) 22 APRIL 62   | ARBUTUS MEM'L.                  | PK.  | BALTO. COUNTY,                    | MD.  |
| 23. FUNERAL DIRECTOR   | ADDRESS                         |  | 'D BY REGISTRAR   24b. REGI       |  |
|  |                                 |  | - 100                             | Thur I Frank                                 |
| CHARLES G. COOPER  | 512 CARROLLTON A                | TA . DATITABAD.  | 130.05 C                          | J. Mans                                      |



ecarbon papers. Pages I and 2 should inf, within 72 hours after death. hours after death. Page 4 of the retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 are be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyen, within 72 hours after the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 04229 CERTIFICATE OF DEATH MARYLAND 04226

| 1. PLACE OF DEA     | TH  |  | 2. USUAL RESIDEN               | ICE (Where deceased lived, If i     | institution: Residence bafora admission) |
|---------------------|---|--|--------------------------------|-------------------------------------|--|
|                     | Baltimore   | MARYLAND   | Vir                            | ginia                               |  |
| b. CITY OR TOWN     | (if outside corporate limits,                                     | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN                | (If outside corporate limits, write | RURAL and give nearest town)             |
|                     | nd give neerest town)  Howard                                     | 89 Days  | Chine                          | oteague                             | 83X.3                                    |
|                     | PITAL OR INSTITUTION (if not in                                   |  | d. STREET ADDRESS              |                                     | e. IS RESIDENCE                          |
|                     |   |  | 207 01-                        | and Oliver                          | ON A FARM?                               |
| Veter               | ans Administrat   |  | 307 Ch                         | urch Street                         | YES NO                                   |
| NAME OF<br>DECEASED | First   | Middle   | Last                           | 4. DATE Month                       | Day Year                                 |
| (Type or print)     | MILTON  | H. FOX   | WELL                           | DEATH APRI                          | L 28TH 19 62                             |
| S. SEX              | 6. COLOR OR RACE 7. MAR   | RIEDX X NEVER MARRIED 1 8  | . DATE OF BIRTH                |                                     | IF UNDER 1 YEAR   IF UNDER 24 HRS.       |
| Male                | White WIDO  | WED DIVORCED   | 2/20/17                        | last birthday) yrs.                 | Months Days Hours Min.                   |
| Oa. USUAL OCCUP     |   | . KIND OF BUSINESS OR INDUSTR  | Y   11. BIRTHPLACE (Cou        | inty & State, or foreign country)   | 12. CITIZEN OF WHAT COUNTRY              |
| done during most of | working life, even if retired)                                    | e Warran Danie   | 0                              | Manager 1                           | ** 0 4                                   |
| Labore              |   | S.Naval Base   | Somerset,                      |                                     | U.S.A.                                   |
| 3. FATHER'S NAME    |   |  | 14. MOTHER'S MAIDEN            | INAME                               |  |
|                     | layes Foxwell   |  | Annie 1                        | Dashields                           |  |
|                     | EVER IN U.S. ARMED FORCES?   (Ifyesgive war or dates of service)  | 16. SOCIAL SECURITY NO. 17. 1  | NFORMANT                       | Address                             |  |
| Yes                 | WW II   | C7.5   | n. Rec. VAH.                   | Fort Howard, M                      | farv] and                                |
|                     | DEATH [Enter only one cause p                                     |  |                                |                                     | INTERVAL BETWEEN                         |
| PART I. DE          | ATH WAS CAUSED BY:  | ONCHOPNEUMONIA   |                                |                                     | 2 DAYS                                   |
| 11/2                | IMMEDIATE CAUSE (a)   | ONOHOPNEOMONIA   |                                |                                     | Z DAIS                                   |
| 1600                | DUE TO  | ONGWOODNING GARG   | TOTO CA                        |                                     | 2 300330010                              |
| Conditions, if a    | (b)   | ONCHOGENIC CARCI   | LINOMA                         |                                     | 3 MONTHS                                 |
| gave rise to imme   | POLIE TO  |  |                                |                                     |  |
| cause last.         | (c)   |  |                                |                                     |  |
| PART II. OTI        |   | CONTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERM          | INAL DISEASE CONDITION GIV          | EN IN PART 1(a) 19. WAS AUTOPSY          |
| 2                   |   |  |                                |                                     | PERFORMED?                               |
| 5                   |   | and the state of t | 4F A                           | Doubles Double of Home 19           | TIS [] NO II                             |
| OR CONTRIBUTIN      | WAS UNDERLYING [ 2Db.  NG [ CAUSE OF DEATH  IFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURED  | , (Enter nature of injury in   | ran for Pen II of Hem Io.           |  |
| S 20c. TIME OF IN   | JURY Month, Day, Year   21  | Dd. INJURY OCCURRED   20e. PLA   | CE OF INJURY (Home, far        | rm, † 2Df. (City or town)           | (County) (State)                         |
| 20c. TIME OF IN     | n. W  | HINE TAOL ALUMO  | lory, street, office bldg., et | c.)                                 |  |
|                     | 19  | work at work   |                                |                                     |  |
| 21. I certify       | that () (this hospital) at  | tended the deceased from   | Jan. 29                        | 162m to April 2                     | 8, 19.62, that // (we) last              |
| saw the dece        | eased alive on April  | 28 19 62 , and that  | death occured at               | M, from the causes                  | and on the date stated above             |
| 22a. SIGNATUR       |   | 1 -1   |                                | UPD CTAFF                           | 22b. DATE<br>SIGNED                      |
|                     | Marua 11.   | Helly,   | D. PHYS.                       | MED. STAFF PHYS.                    | 1/28/62                                  |
| 22c. PHYSICIAN      | rs -  | 200-1  | 22d. ADDRESS                   |                                     | 4/20/02                                  |
| NAME / UTY          |   | TH, M.D.   | VAH, F                         | ORT HOWARD, MAR                     | YLAND                                    |
|                     | ATION, 236. DATE THEREOF  | 23c. NAME OF CEMETERY  | OR CREMATORY                   | 23d. LOCATION (City, to             | wn or county) (State)                    |
| REMOVAL (Speci      | 4-/7-0/   | Downing Ce   | meterv                         | Oak Hall.                           | Virginia                                 |
| 4 FUNERAL DIRECT    |   | ADDRESS  |                                | EC'D BY REGISTRAR 256. RE           |  |
| -(1) = 1            | 11/   | -1-2-  | BALTO. DATE !                  |                                     | uthur S. France                          |
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JOSHUA A. CHITH, M.D. VAH, FORT HOLAND, NARYLAND

Porting Constony Oak Holl, Virginia

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hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 04230 CERTIFICATE OF DEATH

1, MARYLAND 04227

|     | . PLACE OF DEATH   |   |                  |                                       | 2. USUAL RESIDE                                     | NCE (Where de               |  |                 | nce before admission)         |
|-----|--|---|------------------|---------------------------------------|---|-----------------------------|--|-----------------|-------------------------------|
|     | -  | hdwana  |                  | MARYLAND                              | e. STATE  | beeles                      | b. COUN  | ITY             | 1                             |
| -   | b. CITY OR TOWN (if  | timore  outside corporete limi give nearest town) | ts,              | c. LENGTH OF STAY IN 16               | c. CITY OR TOWN                                     | ry Land  N (If outside corp | orete limils, write  | RURAL end give  | nearest town)                 |
| -   |  |   |                  | 4 months  pital, give street address) | Ba  | ltimore                     | 1,   | 3 v             | 101-4                         |
| ,   | d. NAME OF HOSPIT  | ALOR INSTITUTION (                                | f not in hos     | pital, give street address)           | d. STREET ADDRES                                    | 55                          |  |                 | IS RESIDENCE     ON A FARM?   |
|     | Ros  | ewood Stat  | e Tra:           | ining School                          | 666   | 6 West F                    | ranklin  | Street          | YES NO                        |
|     | 3. NAME OF<br>DECEASED   | First   |                  | Middle                                | Last  | 4. DATE<br>OF               | Month  | Dey             | Year                          |
|     | (Type or print)  | Caro  |                  | -                                     | GAREY   | DEATH                       | 4  | 2               | 19 62                         |
|     | 5. SEX   | 6. COLOR OR RACE                                  | 7. MARRIE        | D NEVER MARRIED                       | B. DATE OF BIRTH                                    | 9.                          |  | IF UNDER 1 YEAR |                               |
|     | Female   | Negro   | WIDOWE           |                                       | 10/28/55  |                             | last birthday) 6 yrs.  | Months Days     | Hours Min.                    |
|     | 10a. USUAL OCCUPATI<br>done during most of wor                       |   |                  | IND OF BUSINESS OR INDUST             | RY 11. BIRTHPLACE (Co                               | ounty & Stete, or           | foreign country)   | 12. CITIZEN     | OF WHAT COUNTRY?              |
| -   | depend   | ent   |                  | none                                  | Baltimo   | M. M.                       | Md.  | U.              | S.A.                          |
|     |  |   |                  |                                       |   |                             |  |                 |                               |
| \   | Carroll  |   | CFC2   1/        | SOCIAL SECURITY NO. 17.               | Barbara   | Ellen G                     | arey Sto   |                 |                               |
| /   | (Yes, no, or unkown)   (If   | yes give war or dates of s                        | ervice)          | SOCIAL SECURITY NO. 17.               | INFORMANT   |                             | Address  |                 |                               |
| =   | no   |   |                  | none                                  | Rosewood  | d Record                    | s, Owing   | gs Mills        | , Md.                         |
|     |  |   | cause per        | ine for (a), (b), and (c).)           | 0 0   |                             |  |                 | ITERVAL BETWEEN               |
|     | PART I. DEATH  | H WAS CAUSED BY:                                  |                  | Bulaleral                             | Bronche   | procus                      | monia  |                 | day                           |
|     | 500  | DUE TO  |                  | Bilateral Acute B                     | 0.1   | 1 0                         |  | •               | 211                           |
| 1   | Conditions, if any   | , which ) (b)                                     |                  | Acute 13                              | workete   | الم                         |  |                 | 19972                         |
|     | gave rise to Immedia<br>(e), stating the un                          | 02 2110   |                  |                                       |   |                             |  |                 |                               |
|     | cause last.  | (c)   |                  |                                       |   |                             |  | 1000            |                               |
|     | PART II. OTHER   | SIGNIFICANT CONDI                                 | TIONS CON        | TRIBUTING TO DEATH BUT N              | OT RELATED TO THE TER                               | MINAL DISEASE               | CONDITION SIV  | EN IN PART 1(a) | 19. WAS AUTOPSY<br>PERFORMED? |
|     | PART II. OTHER  2Db. ACCIDENT WO OR CONTRIBUTING (IF EITHER, NOTIFY) | I men   | ngo              | -encepha                              | litis wi  | the Sy                      | meto   | matre           | YES NO                        |
|     | 2Da. ACCIDENT WA   | CAUSE OF DEATH                                    | 2Db DES          | CRIBE HOW INJURY OCCURE               | D. (Enter neture of Injury                          | in Part I or Partil         | of item 18.)   |                 | -                             |
| - 1 |  | MEDICAL EXAMINER)                                 | en               | rephalil                              | w   |                             | 750  |                 | 3412-                         |
|     | 20c. TIME OF INJUI   | RY Month, Day, Ye                                 | or 2Dd.<br>While |                                       | ACE OF INJURY (Home, factory, street, office bldg., |                             | or town)   | (County)        | (Stete)                       |
|     | P P P P P P P P P P P P P P P P P P P                                | 19  | at wo            | k at work                             |   |                             |  | 1011            |                               |
|     |  |   |                  | ded the deceased from                 |   |                             |  |                 |                               |
|     | saw the deceas   | ed alive on4                                      | /2               | 19.62, and tha                        | t death occured at                                  | 2:1M, Proff                 | dhe causes   | and on the c    |                               |
|     | 22a. SIGNATURE   | 0 0   | 14               | 0                                     | ATTENDING_  | MED.                        | STAFF  | 201.            | 226. DATE<br>SIGNED           |
|     | Sam  | 4 7.13  | ut               | el i                                  | M.D. PHYS.  | DIRECTOR                    | PHYS.  | 3 upr           | u ba                          |
|     | 22c. PHYSICIAN'S<br>NAME (Type)                                      | +   | D 13             | 16 D                                  | 22d. ADDRESS  | A T                         | A  | 16:22           | M- 2 3                        |
| -   |  |   |                  | er, M.D.                              | Rosewo  |                             |  |                 |                               |
|     | 230. BURIAL, CREMATING MOVAL (Specific                               | Spr. 6/   | 962              | 91/1- alla                            | UM Clim   | 130                         | ATTOR PERTY, 101   | wn of county    | (Stote)                       |
|     | 4 FUNERAL DIRECTOR   | S SIGNATURE                                       | 00               | ADDRESS 22 N S                        | CM Hels   |                             | Control of the last of the las | GISTRAR'S SIGNA |                               |
|     | MIL KCU  | 4 KWR   | llian            | b md                                  | 23 4 DATE   | PR 4 '62                    | Z CIA  | A. TOTA         | NAME 7                        |

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Wester, U. Bitler, B.U. T. C. Hoswood Lane, Willes Mills, Maryland

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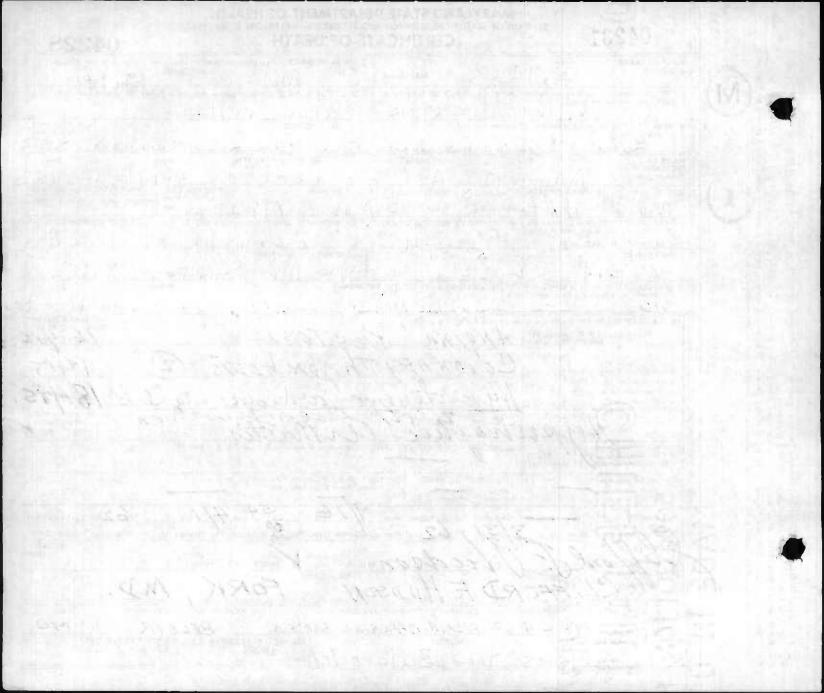
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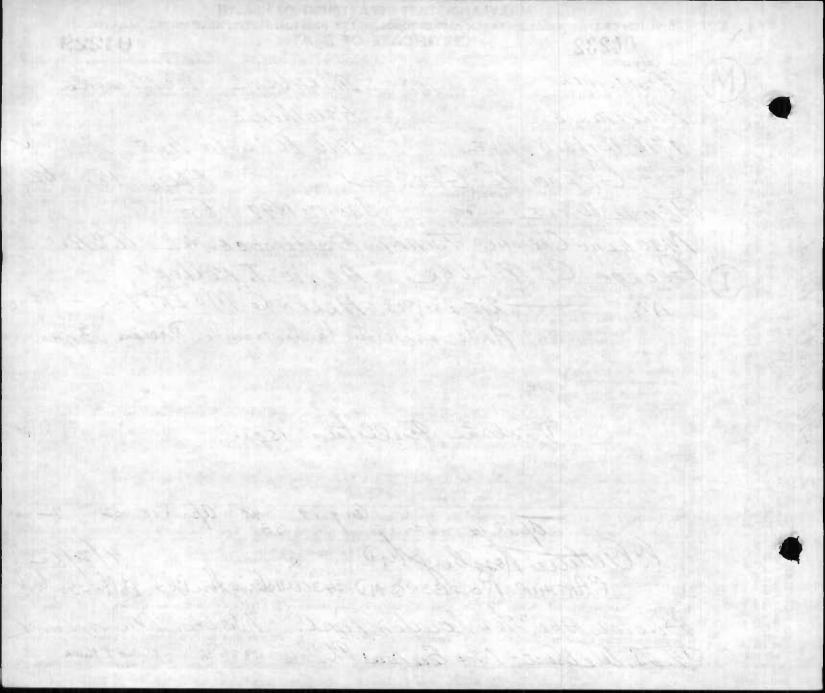
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04228

|   |               | LACE OF DEATH   | Belt   | MARYL  | a STATE             | ESIDENCE (Where deceas                     | ed lived. If institution: R<br>b. COUNTY | Residence before admission)                          |
|---|---------------|---|--|--|---------------------|--|--|--|
| ) | Ь             | RURAL ond give neares   | st tawn)   | write c. LENGTH OF STAY I                            | N 16 C. CITY C      | OR TOWN (If outside corp                   | perate limits, write RURAI               | L and give nearest town)                             |
|   | C             | OR INSTITUTION  |  | street oddress) Shine AV                             | d. STREE            | T ADDRESS                                  | Sunshi                                   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO              |
|   |               | NAME OF<br>DECEASED<br>Type or print)                           | Karl   | Middle A   | Geh                 | Lost 4. DATE OF DEATH                      | H APr                                    | Day Year   |
|   | S. S          | EX (6.  | 1/1/   | MARRIED NEVER MARRIE                                 | _   A ^             | 1890<br>1890                               |  | UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.  |
|   | 10a.          | during most of working  | life, even if retired)                                       | Retired  | R INDUSTRÝ 11. PRTI | HPLACE (State or foreign                   |  | 2. CITIZEN OF WHAT COUNTRY?                          |
|   | 13.           | FATHER'S NAME   | Herman   | sebler   | 14. MOTHE           | Salle                                      | Suidon                                   | Walther  |
|   |               | WAS DECEASED EVER IN . no, or photosum)                         | U. S. ARMED FORCE:   |  | 17 INFORMANT        | Gebler                                     | Box 477                                  | Sunshine Al  |
|   |               | PART I. DEATH   | [Enter anly one cause<br>WAS CAUSED BY:<br>MEDIATE CAUSE (a) | per line far (o), (b), and (c).                      | Pec-                | toris                                      |  | INTERVAL BETWEEN ONSET AND DEATH                     |
|   |               | Canditians, if ony,   | which ) (b)  | COTOXAF  | yThs                | om bos                                     | 15 (2)                                   | 1400   |
|   | 1             | gave rise to imm<br>couse (o), stating the<br>lying couse last. | under- DUE TO  | Hy perter  | sive C              | ardiola                                    | scular                                   | is 18 Mrs  |
|   | CERTIFICATION | A   | SIGNIFICANT CONDITIONS                                       | hophic   | dr                  | Thritis                                    | 1  | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO          |
|   |               | 20g. ACCIDENT WAS LE OR CONTRIBUTING (IF EITHER, NOTIFY ME      |  | DE DESCRIBE HOW INJURY OF                            |                     |  |  |  |
|   | MEDICAL       | 20c. TIME OF INJURY<br>Haur a.m.<br>p. m.                       | Month, Day, Year   | 20d. INJURY OCCURRED While Not while at work at work | foctory, street, o  | RY (Home, farm, 20f. (Ciffice bldg., etc.) | ity or town)                             | (County) (State)                                     |
|   |               | 21. I certify that (  | 1  | attended the deceased 2 2 and                        |                     | red at A.M. fran                           | ./                                       | 1962 that (I) (we) last<br>in the date stated above. |
| / |               | Offor   | of F   | Idudse   | M.D. ATTENE         | DIRECTOR                                   | STAFF PHYS.                              | 22b. DATE<br>SIGNED                                  |
|   |               | None Type   | LIFFOR   | RD F. HU   | D-50/               | FOR  | RK, M                                    | D.   |
|   | 23a           | REMOVAL (Specify)   | APRIL 4  | 12 2   | TERY OR CREMATOR    |  | ATION (City, town, or co                 | (Stote)  |
|   | 24            | FUNERAL DIRECTOR'S SI   | l Bros.  | 110 Bo   | lain /              | 25a. REC'D BY REGI                         |  | R'S SIGNATURE  |



| 1  | A   |         | MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS, OLOGO CERTIFICATE   | ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1,   | MARYLAND  |
|--|-----|---------|--|---|---|
| - mp   | V   |         | 04232 CERTIFICATE  | OF DEATH  | 04229   |
| the funeral d 2 should ath   | M   |         | CLACE OF DEATH  COOLS  COOLS  COOLS  COOLS  MARYLAND  C. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b  | 2. USUAL RESIDENCE (Where deceased lived, If institution of the state | 12 MERE   |
| filled in by<br>Pages I an<br>urs after de   | X   | -3      | write RURAL and give nearest town)  The Political American Community of the Community of th | HalethoppE X d. STREET ADDRESS 1711. 11/2/180N AUS  | IS RESIDENCE ON A FARM?  YES \( \text{NO} \) NO \( \text{ID} \) |
| executed completely in papers.   |     |         | NAME OF DECEASED (Type or print) GRACE G FERBEN  |   | Dey Year 19 22 NDER 1 YEAR IF UNDER 24 HRS.                     |
| ficate be<br>cian and<br>ove carbo<br>event, wit   |     | 10a     | Emale White WIDOWED DIVORCED   | 12N-17-1897 (5 vis.) Mo   | nths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?              |
| death certiding physical   | T   | 13.     | EXPORTE CAPERATOR - TRATORES   | ANNIE T. Keller   | lle S.H.  |
| n.<br>the attentit. Then it. Then emoval, a  | (T) |         | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or datas of service) 2/5-28-8903  18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]   | THELENG MaINT   | YRE - Same  |
| le law requires<br>anding physicia<br>been signed by<br>rial-transit perm<br>cremation, or i |     |         | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying  DUE TO   | otic Cardiovascular Vice  | ore 3 grs.  |
| IAN: The lite or attricted has as the butte to burial.                                       | 0   | CATION  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I  | N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO                   |
| PHYSIC the hosp this certif d for use  |     | CERTIFI | OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | O. (Enter nature of injury in Mart I or Pert II of item 1B.)  |   |
| ENDING<br>ained by<br>R: After<br>detache  |     | MEDICAL | Hour s.m. p.m.  19 While Not While st work at work   | ACE OF INJURY (Home, ferm, 20f. (City or town) clory, street, office bldg., etc.)   | (County) (State)  |
| ATTE<br>May be ret<br>IRECTO<br>Should be<br>State Dec                                       |     |         | 21. I certify that (I) (this hearing) attended the deceased from saw the deceased alive on the little of the littl | t death occured a 3.7.M, from the causes and  |   |
| HOSPITAL - sth. Page 4 m FUNERAL D ector, page 3   |     |         | 22c. PHYSICIAN'S PARTHUR ROSSIBERG M   | D 22d. ADDRESS 2443 GWashing fon Blod.  | Belto -30, had  |
| 5 5 P  | 8 8 | 0       | BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 2000 AL (Specify)  TOUTH, APRIL DIRECTOR'S SIGNATURE  ADDRESS   | OR CREMATORY 23 LOCATION (City, town of South Company) 258. REC'D BY REGISTRAR 256. REGIST  | r county) (State)  Hareland  RAR'S SIGNATURE                    |
| VR A15 (4<br>15M 9/60  |     | 6       | 1. A. Wippert - 1300 Eutou   | (D)/  | ribur S. Kraus  |



| MAK                          | TLAND STATE DEP     | AKIMENI OF     | REALIH            |             |
|------------------------------|---------------------|----------------|-------------------|-------------|
| DIVISION OF STATISTICAL RESE | ARCH AND RECORDS, 3 | 301 W. PRESTON | STREET, BALTIMORE | 1, MARYLANI |
| DIVISION OF STATISTICAL RESE | CERTIFICATE         | OF DEATH       |                   | 04230       |
|                              |                     |                |                   |             |

|  | 04233  |  | CERTI  |   |   |  |   | O                           | INCO                                    |  |
|--|--|--|--|---|---|--|---|-----------------------------|---|--|
| 1. PLACE OF DEAT   | н  |  |  |   | . USUAL RESIDEN   | VCE (Where da  |   |                             | asidence bafo                           | ra admission)  |
|  | Baltimore  |  | MAR  | YLAND                                       | a. STATE Md   |  | b. COU  |                             | Balto                                   |  |
| b. CITY OR TOWN  | (if outside corporate lim<br>d give nearest town)  | nits,  | c. LENGTH OF ST  | AY IN 1b                                    | c. CITY OR TOWN   | (If outside corp   | orata limits, writ                            | e RURAL and                 | giva naarast                            | town)  |
|  | Carney   |  | 80   |   | Carney  |  |   |                             |   |  |
|  | ITAL OR INSTITUTION  | (if not in ho  | spital, giva street ed   | dress)                                      | d. STREET ADDRESS   |  |   |                             |   | RESIDENCE  |
| 9103   | Old Harfor   | d Roa  | d  |   | 9103 Har  | ford Ro  | ad  |                             |   | N A FARM?  |
| NAME OF  | Firs   | t  | Middle   |   | Last  | 4. DATE  | Mont  | h                           | Dey                                     | (ear   |
| (Type or print)  | ·HARIK.  | 6  | 12/  | 18 /x                                       | RMAN  | OF<br>DEATH  | 4   |                             | 13                                      | 1962   |
| 5. SEX   | 6. COLOR OR RACI   | E 7 MARRI  | ED NEVER MARR  | 1ED   8.                                    | DATE OF BIRTH   | 9  | . AGE (In years                               | IF UNDER 1                  |   | DER 24 HRS.  |
| Mala   | White  | WIDOW  | _  |   | 11-22-1875  |  | last birthday)                                |                             | Days Hour                               | Min.   |
| Male   | TION (Give kind of wor   |  | CIND OF BUSINESS C   |   | 11. BIRTHPLACE (Cou   |  | 00 /101                                       | 12 CITI                     | ZEN OF WHA                              | T COUNTRY  |
| done during most of w  | orking lifa, even if retir   | ad)  | (1140 01 003114233 0   | ZK BADOSIKI                                 |   |  | lorargii coumity,                             |                             |   | COUNTRI  |
| Farmer   |  |  |  |   | Balto.  |  |   | 0                           | SA                                      |  |
| 13. FATHER'S NAME  |  |  |  | 1   | 4. MOTHER'S MAIDEN  |  |   |                             |   |  |
|  | Howell P   |  |  |   | Catherin  | e P Sta  |   |                             |   |  |
|  | VER IN U.S. ARMED FO   |  | SOCIAL SECURITY  | NO. 17. IN                                  | FORMANT   |  | Address                                       | 3                           |   | 1-1  |
| No   |  |  | None   | Mrs   | Ella M Mc   | Kenna  | 9103 01                                       | d Harf                      | ord Ro                                  | ad (31   |
| 18. CAUSE OF   | DEATH  Enter only on   | a cause par  | lina for (a), (b), and   | (c).]                                       |   | 4  |   |                             | INTERVAL<br>ONSET AN                    |  |
| Conditions, if an  | diate causa  | )(   | acids a  | -   | relic cu  |  | sedon a                                       | lian                        | 154                                     | enta   |
| gave rise to Imma<br>(e), stating tha<br>causa last.   | y, which (b  | )()  | arteis.  | sele  | relic cu  | redid vo   |   | LECULA VEN IN PART          | 154<br>154<br>1(a) 19. WA<br>PEI        | S AUTOPSY  |
| gave rise to Imma<br>(e), stating tha<br>causa last.   | y, which (b) DUE TO (c)  | )()  | arteis.  | sele  | relic cu  | redid vo   |   | LISON Y                     | 154<br>154<br>16a) 19. WA<br>PEI<br>YES | S AUTOPSY RFORMED?                                   |
| gave rise to Imma<br>(e), stating tha<br>causa last.   | y, which (b) DUE TO (c)  | o)  | ONTERS .   | sece.                                       | relic cu  | unal disease   | CONDITION GIV                                 | lesary<br>VEN IN PART       | PEI                                     | REORMED?   |
| gave rise to Imma- (e), stating the cause lest.  PART II. OTH  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF   | DUE TO  y, which diate causa underlying  ER SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER  | DODES TO DESCRIPTIONS CO.  | NTRIBUTING TO DEA  | ATH BUT NOT                                 | RELATED TO THE TERM Enter nature of injury Ir   | NINAL DISEASE  Part I or Part I  rm.; 201. (Cin  | CONDITION GIV                                 | USANY<br>VEN IN PART        | YES _                                   | REORMED?   |
| gave rise to Imma- (e), stating the causa last.  PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTHE  20c. TIME OF INJ Hour e.m.  | DUE TO  y, which diate causa undarlying  ER SIGNIFICANT COND  VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER  URY Month, Day, Yo  | 20b. DE:   | NTRIBUTING TO DEA  | ATH BUT NOT                                 | RELATED TO THE TERM   | NINAL DISEASE  Part I or Part I  rm.; 201. (Cin  | CONDITION GIV                                 |                             | YES _                                   | REFORMED?  |
| gave rise to Imma- (e), stating the causa last.  PART II. OTHI  20a. ACCIDENT V  OR CONTRIBUTING (IF EITHER, NOTHE  20c. TIME OF INJ  Hour e.m. p.m.   | DUE TO  y, which diate causa undarlying  ER SIGNIFICANT COND  VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER  URY Month, Day, Yo   | 20b. DES   | NTRIBUTING TO DEA  | OCCURED. (I                                 | RELATED TO THE TERM Enlar natura of injury Ir  OF INJURY (Homa, fair, street, office bldg., et                                    | NINAL DISEASE  Trm, 20f. (City   | CONDITION GIV<br>I of itam 18.)<br>y or town) | (Cour                       | YES TOTAL                               | RFORMED? NO (State)                                  |
| gave rise to Imma- (e), stating tha cause last.  PART II. OTH  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the deces   | DUE TO  y, which diate causa undarlying  ER SIGNIFICANT COND  VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER  URY Month, Day, Yo  | 20b. DE:   | NTRIBUTING TO DEA  | OCCURED. (I                                 | RELATED TO THE TERM Enlar natura of injury Ir  OF INJURY (Homa, fair, street, office bldg., et                                    | MINAL DISEASE  Trm., 201. (Cin. 1962, to.  | CONDITION GIV                                 | (Cour                       | YES That (I he date sta                 | (State)  (State)                                     |
| gave rise to Imma- (e), stating tha causa last.  PART II. OTH  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJ Hour e.m. 21. I certify saw the decea 22a. SIGNATURE   | DUE TO  y, which diate causa undarlying  DUE TO  (b)  (c)  R SIGNIFICANT COND  VAS UNDERLYING  (c)  VAS UNDERLYING  (d)  (d)  (d)  (e)  R SIGNIFICANT COND  (e)  (e)  R SIGNIFICANT COND  (f)  (e)  (f)  (f)  (f)  (f)  (f)  (f) | 20b. DE:   | NTRIBUTING TO DEA  | OCCURED. (I                                 | RELATED TO THE TERM  Entar natura of injury Ir  OF INJURY (Homa, fair, street, office bldg., et                                   | MINAL DISEASE  Trm., 201. (Cin. 1962, to.  | CONDITION GIV                                 | (Cour                       | YES That (I he date sta                 | (State)  |
| gave rise to Imma- (e), stating tha cause last.  PART II. OTH  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the deces   | DUE TO  y, which diate causa undarlying  DUE TO  (c  R SIGNIFICANT COND  VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER  URY  Month, Day, Y  that (I) (this hosp ased alive on   | 20b. DE:   | NTRIBUTING TO DEA  | OCCURED. (I                                 | RELATED TO THE TERM  Entar natura of injury Ir  OF INJURY (Homa, fair, street, office bldg., et                                   | INAL DISEASE  Trm, 20f. (Cin.)  1964 to.  MED.   | or town)                                      | (Cour                       | YES That (I he date sta                 | (State) (State)                                      |
| gave rise to Imma- (e), stating tha causa last.  PART II. OTH  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INM. p.m.  21. I certify saw the decea 22a. SIGNATURE  22c. PHYSICIAM NAME (Typ.  | DUE TO  y, which diate causa undarlying  DUE TO  (b)  (c)  R SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER  URY Month, Day, You  19  that (I) (this hosp ased alive on                                   | 20b. DE:    20b. DE:   while   20d.   20d. | NTRIBUTING TO DEA  | OCCURED. (I                                 | RELATED TO THE TERM  Entar natura of injury Ir  OF INJURY (Homa, far, street, office bldg., et                                    | INAL DISEASE  Part I or Part I  Tm., 201. (City  1962 to.  MED.  DIRECTOR  Jayan         | or town)                                      | (Coursell, 1999) and on the | res Pelly res (I he date sta            | (State)  (We) lasted above                           |
| gave rise to Imma- (e), stating the causa last.  PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTHI 20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the deces 22a. SIGNATURE  22c. PHYSICIAM NAME (Typ.   | DUE TO  y, which diate causa undarlying  DUE TO  (b)  (c)  R SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER  URY Month, Day, You  19  that (I) (this hosp ased alive on                                   | 20b. DE:    20d. Whill at wo itel) after   | NTRIBUTING TO DEASCRIBE HOW INJURY  INJURY OCCURRED  In Mot While  Inded the decease  In Mot While  In Mot While | OCCURED. (I                                 | RELATED TO THE TERM  Entar natura of injury Ir  OF INJURY (Homa, far, street, office bldg., et                                    | INAL DISEASE  Part I or Part I  rm, 201. (City le.)  1962 to.  MED.  DIRECTOR  23d. LOC. | or town)  The causes  STAFF PHYS.             | (Coursell, 1999) and on the | YES That (I he date state)              | (State)  (State)  (State)  (State)  (State)  (State) |
| gave rise to Immai (e), stating tha causa lest.  PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the decea 22a. SIGNATURE  22c. PHYSICIAM NAME (Typ.)  23a. BURIAL, CREMA REMOVAL (Specification) | DUE TO  y, which diate causa undarlying  DUE TO  (c)  R SIGNIFICANT COND  VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER  URY  Month, Day, Y  19  that (I) (this hosp ased alive on  | 20b. DE:    20d. Whill at wo itel) after   | NTRIBUTING TO DEASCRIBE HOW INJURY  INJURY OCCURRED  Not Whila  TR   at work    Inded the decease   19.62.   | OCCURED. (I)  20e. PLACE factory and that d | RELATED TO THE TERM Enlar natura of injury Ir  OF INJURY (Homa, fai, street, office bldg., et  ATTENDING PHYS.  22d. ADDRESS 8/02 | INAL DISEASE  Part I or Part I  rm, 201. (City le.)  1962 to.  MED.  DIRECTOR  23d. LOC. | or town)  STAFF PHYS.  ATION (City, to        | (Coursell, 1999) and on the | yes hat (I he date sta                  | (State)  (State)  (State)  (State)  (State)  (State) |

TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 A. but be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in A. the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 7/61

Ox.Star) State of the Company Characters The Life I will be Company of the part of the second of the sec MINIOTER STATE OF THE contract of the second to the country of the 

funeral pinous 12 T death. pue after Pages 1 filled in hours completely papers. 72 carbon and certificate physician remove any attending pl .= requires that the death and Then remova the physician. by 5 signed burial-transit attending hospital or attendin certificate has been burial, the use as 0 prior Po of Health State Dept.

should be detached 3 death. Page 4 O FUNERAL I director, page 3 HOSPITAL director, be filed v

| Pi        | #:          | 1       |
|-----------|-------------|---------|
| 9         | þ           | e       |
| S         | 'ק          | A#      |
| H         | in a        | e de    |
| ATTENDING | retained by | IRECTOR |
| H         | Φ           | H       |
| 74        | eq A        | M       |
|           | 1           | 릇       |

CERTIFICATION

MEDICAL

VR A15 (4) 15M 7/61

with

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. CERTIFICATE OF I TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY b. COUNTY Baltimore Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Yrs Lakehurst Lakchurst d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 6016 Lakeview Road Lakeview Road YES [ NO X 3. NAME OF First 4. DATE Middle Last Month Year DECEASED OF April (Type or print) Louis T. Getterman.Sr. DEATH 62. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR last birthday) Months Hours Male Mar.6.1896 WIDOWED 66 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OF INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Andersone and Iroland 12. CITIZEN OF WHAT COUNTRY? icePresident Hardware U.S.A. esale 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellenberger Catherine George L. Getterman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [ (Ifyesgive wer or dates of service) Mrs.M. Irene Getterman 6016 Lakeview 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY 146 IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc. While Not While Hour e.m. et work et work p.m. 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. .....19 D.L., end that death occured at Ac.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED PHYS. DIRECTOR PHYS. M.D. 22d\_ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Arthur Darby 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL\_(Specify) Burial 4-10-1962 Woodlawn Woodlawn Md 256. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR

DATE

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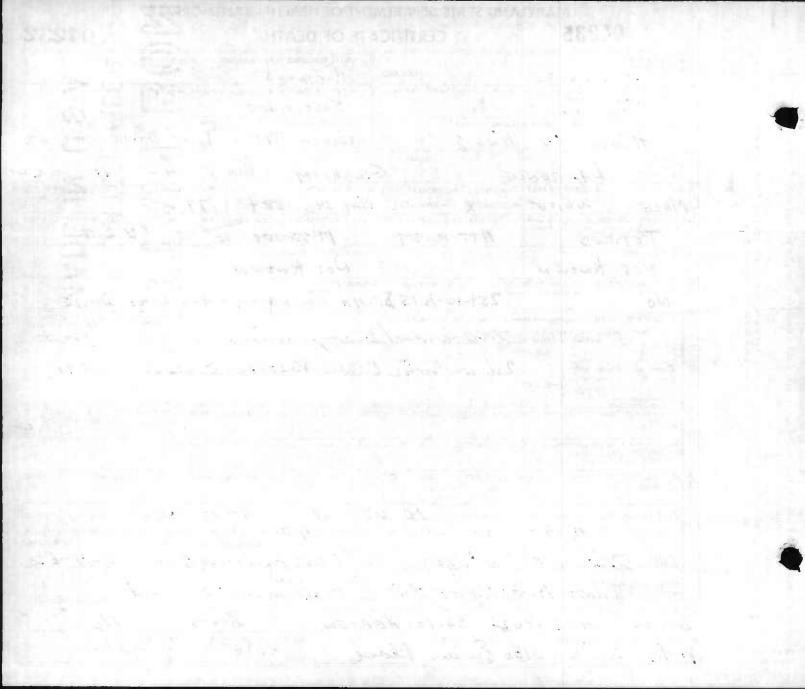
VS A15 (4) 15M 9/5B

# 04235 **CERTIFICATE OF DEATH**

|     | Dist | No04232 |
|-----|------|---------|
| Per | Diet | No I To |

|  | reg. Dist. 14  | 0.                                  |
|--|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND   | 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before STATE b. COUNTY b. COUNTY   | fore admission)                     |
| b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16  | c. CLTY OR TOWN (If outside corporate limits, write RURAL and give n   | earest town)                        |
| RURAL and give nearest town)  5 ALTIMORE 28  | BALTIMORE 3V   | 01-4                                |
| d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION   | d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?       |
| MOUSE IN JINES   | MUIERA APTS - LAKE DRIVE   | YES NO X                            |
| 3. NAME OF DECEASED (Type or print)  AWRENCE  (Type or print)  | Last 4. DATE Manth COF DEATH 4- 1/   | Day Year / - 1962                   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA   | R IF UNDER 24 HRS.                  |
| MALE WHITE WIDOWED DIVORCED  | May 24, 1884 77 yrs. Months Days   | Hours Min.                          |
| 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDU  | JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C  | OF WHAT COUNTRY?                    |
| during most of working life, even if retired)  ATTORNEY  | MISSOURI U.S.  | 17-                                 |
| 13. FATHER'S NAME NOT KNOW IN  | 14. MOTHER'S MAIDEN NAME NOT KNOWN   |                                     |
|  | INFORMANT Address  |                                     |
| (Yes, no, or ynknown) (If yes, give wor or dates of service)   |  | RIVE                                |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost.  (c)   | Cardio Yassules Dioseas  | ISET AND DEATH                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  | 19. WAS AUTOPSY PERFORMED? YES NO P |
| 200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  | ED. (Enter noture of injury in Part I or Port II of item 18.)  |                                     |
|  | LACE OF INJURY (Home, form, 20f. (City or town) (County octory, street, office bldg., etc.)  | y) (Stote)                          |
| alive an 4-9-, 1962, and that death ACTUAL SIGNATURE AND ACTUAL SIGNATUR | h accurred at 4 Q. M., fram the causes and an the dat ADDRESS (Street, city or town, stote)  M.D. 6209 Fraction (City, town, or county)  OR CREMATORY  22d. LOCATION (City, town, or county)  BREW |                                     |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PLANT LEURS INC - 2100 Eutaw Plant  | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT Cuthing 2. The   | URE                                 |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 n.sy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04233 04233

|  |  |  |  |                                     | 0.              | 1.000                         |
|--|--|--|--|-------------------------------------|-----------------|-------------------------------|
| 1. PLACE OF DEATH                        | Н  |  | The second secon | NCE (Whare deceased lived, If i     |                 | lence before admission)       |
| //                                       | timore   | MARYLAND   | a. STATE Mary  | b. COUN                             | Howx            | bac                           |
|  | if outside corporate limits,                                 | c. LENGTH OF STAY IN 16  |  | (If outside corporate limits, writa |                 |                               |
| write RURAL end                          | giva nearest town)   | 3 Days   |  |                                     | ,               | 247                           |
|  | Howard   |  |  | ott City                            | 1.              | 5X'2                          |
| d. NAME OF HOSPI                         | TAL OR INSTITUTION (if n                                     | not in hospital, giva streat address)  | d. STREET ADDRESS  |                                     |                 | a. IS RESIDENCE<br>ON A FARM? |
| Veteran                                  | s Administra   | tion Hospital  | Tra Es.  | lls Ave                             |                 | YES NO                        |
| 3. NAME OF                               | First  | Middla   | Last   | 4. DATE Month                       | Da              | ay Year                       |
| (Type or print)                          | JAMES  | D  | GREENE   | DEATH April                         | . 17            | 19 62                         |
| 5. SEX                                   |  |  | 8. DATE OF BIRTH   | 9. AGE (In years )                  |                 |                               |
| Male                                     | 0 0 0  | WIDOWED DIVORCED   | February 17  | , 1891 (last birthday) 71 yrs.      | Months Days     | Hours Min.                    |
|  | TON (Giva kind of work                                       | 10b. KIND OF BUSINESS OR INDUST  |  |                                     | 1 12. CITIZEN   | OF WHAT COUNTRY               |
| done during most of wo                   | orking lifa, aven if retired)                                |  |  |                                     |                 |                               |
| Laborer                                  |  | Paper Mill   |  | City, Maryland                      | U.              | S.A                           |
| 13. FATHER'S NAME                        |  |  | 14. MOTHER'S MAIDER  | N NAME                              |                 |                               |
| George G                                 | reene  |  | Agnes B  | rooks                               |                 |                               |
| 15. WAS DECEASED EV                      | ER IN U.S. ARMED FORCE                                       | S?   16. SOCIAL SECURITY NO.   17.   | INFORMANT  | Addrass                             |                 |                               |
| Yes Yes                                  | lfyesgiva war or dates of serv                               |  | linical Reco   | rds VAH Fort Ho                     | M brow          | iomrland                      |
|  |  | use per lina for (a), (b), and (c).  | LILLCAL NCCO.  | IGS VAIL FOLU IIO                   |                 | INTERVAL BETWEEN              |
|  | WWAS SALISED BY  | BILATERAL LOBAR PI   | A TIM OMETICAL   |                                     |                 | ONSET AND DEATH               |
| 1  | IMMEDIATE CAUSE (a)  | DITHIEFUAL INDAM LI  | MEUMONIA   |                                     |                 | 3 days                        |
| 490                                      | DUE TO   |  |  |                                     | 100             |                               |
| Conditions, if any                       | (0)  |  |  |                                     |                 |                               |
| gava rise to immed                       | DITE TO  |  |  |                                     | - 153 T         |                               |
| (a), stating the u                       | (c)  |  |  |                                     | 750-10          |                               |
|  |  | ONS CONTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERM   | AINAL DISEASE CONDITION GIV         | EN IN PART 1(a) | 19. WAS AUTOPSY               |
| P  |  |  |  |                                     |                 | PERFORMED?                    |
| - Empnys                                 |  | 1; Pleural Adhesic   |  | B . 1 B . 11 6'2 40'3               | - 15            | YES X NO .                    |
| OR CONTRIBUTING                          | AS UNDERLYING   2<br>  CAUSE OF DEATH<br>  MEDICAL EXAMINER) | Ob. DESCRIBE HOW INJURY OCCURE   | D, (Entar natura of injury ii  | n Part I or Part II of Item 18.)    |                 |                               |
|  |  |  |  |                                     | 10              | 151-1-1                       |
| 20c. TIME OF INJU                        | JRY Month, Day, Year   |  | ACE OF INJURY (Home, fa<br>story, street, offica bldg., at   |                                     | (County)        | (Steta)                       |
| p.m.                                     | 19   | at work at work  |  |                                     |                 |                               |
| 21. 1 certify                            | that XI) (this hospital                                      | ) attended the deceased from   | pril 14  | 19.62 10April 17                    | 19.62           | , that (N) (we) las           |
| saw the decea                            | sed alive on Apri  | 117 1062 and the   | t death occured at   | 55A, from the causes                | and on the      | date stated above             |
| 22e. SIGNATORE                           | 0  | The state of the s | COBIN OCCUPAGE   |                                     |                 | 22b. DATE                     |
|  | boxleunt   | Musse  | ATTENDING  | MED. STAFF DIRECTOR PHYS. TX        |                 | 11/2 SIGNED                   |
| OO PHYSICIANUS                           |  |  | A.D. PHYS.   | DIRECTOR PHYS.                      |                 | 7/11/0                        |
| 22g PHYSICIAN'S<br>NAME (Type            |  | 9  | 22d, ADDKESS   |                                     |                 |                               |
|  | ASTIAN RUSSO   |  | VAH Ft ]   | Howard, Marylan                     |                 |                               |
| 23a. BURIAL, CREMAT<br>REMOVAL (Specify) | ION, 236. DATE THEREC  |  |  | Cat ons vil                         | n or county)    | (State)                       |
| Burial                                   | 4-20-1   | 962 Western St   | 000000   | Branchinocker.                      |                 | nd                            |
| 24 FUNERAL DIRECTO                       | R'S SIGNATURE  | ADDRESS  | 105 0  | COLD ON DECICEDAD OF DEC            | SISTRAR'S SIGN  | NATURE                        |
|  |  | 2 2 2 22 22 22 2   | L CLA DATEA  | PR 2 3 '62 256. REC                 | Thun S. The     | all &                         |
| F. C. H                                  | ginbottom C  | olumbia Rd Ellicot   | t City, Mde"   | 1                                   |                 |                               |

VR A15 (4) 15M 7/61

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N. C. Marine ther Columbia We willers to City, Ext

# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it cessary, please execute the certificate, writing the word "pending" in pencil in hem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removat, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

|                  | MAKY            | LAND STATE DI     | EPAKIMENI OF   | HEALIH           |               |
|------------------|-----------------|-------------------|----------------|------------------|---------------|
| Division of STAT | ISTICAL RESEARC | CH AND RECORDS,   | 301 W. PRESTON | STREET, BALTIMOR | E 1, MARYLAND |
| 04237            | MEDICAL         | <b>EXAMINER'S</b> | CERTIFICATE    | OF DEATH         | 04234         |

| - 1 | + Am 1, 12 1m (12)   | 5 F/1/65 mh  |
|-----|--|--|
|     | 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND   | 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) b. COUNTY  b. COUNTY |
| ď   | b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                           |
| J   | Garrison   | Baltimore 3vor-4   |
|     | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d, STREET ADDRESS a, IS RESIDENCE ON A FARM?   |
|     | Garrison Forest Road   | 275 S. Robinson St. YES NOT  |
|     | 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Day Year OF   |
|     | (Typa or print) FRANK KENNETH  | HAGER DEATH April 21, 1962   |
|     | 7. MARKED WALLED   | DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                                       |
|     | Mola White   | -1-1921 Last birthday) Months Days Hours Min.  |
|     | 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   |  |
|     | Unemployed   | Gill West Virginia U.S.A.  |
| 1   | 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
|     | Samuel Hager   | Unknown  |
| -   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II   |  |
|     | Yes (Yas no, or unkown) (Ifyasgiveweror datasofservice) W W 11   | ty Lee Hager, 275 S. Robinson St.  |
|     | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN   |
|     | PART I. DEATH WAS CAUSED BY: Lacoration the  | mo Rtalust, lungy liver I min  |
| A   |  | rgaw.  |
| 2   | Conditions, if any, which ) (b) Esquatured Fra   | not. of out. Patella   |
|     |  |  |
|     | (a), stating the underlying DUE TO   | ant.   |
|     | cause last. (c) there controls   |  |
|     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?                  |
|     | 3 none.  | YES NO   |
|     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20b. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING  CAUSE OF DEATH.  CAUSE OF DEATH. | ntar natura of injury In Part I or Part II of itam 18.)  |
|     | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20a. PLA   | CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)   |
| 3   |  | pry, straet, office bldg., etc.] borrison Balts. Mid   |
|     | 21. I certify that I took charge of the remains described above, he  | Covery.  |
|     | death resulted from: Natural causes , Accident X, Suici  |  |
| П   | dealth resulted from. Matural causes   | CHIEF MEDICAL EXAMINER   |
|     | ACTUAL X X Y   |  |
|     | SIGNATURE D. D. Caplus   | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED  |
|     | EXAMINER'S D. D. CAPLES  | Address (Street, city, town, or county)  24-2/-162   |
|     | 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)   |  |
|     | Burial 4-24  | Chesareakexxobic Huntington W. Ha.   |
|     | 23. FUNERAL DIRECTOR ADDRESS ADDRESS   | 240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE   |
|     | Frank H. nurlly Pekervelle 8,1   | Ma. DATE PR 23 62 arthur S. Kraus  |

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hours after

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04235

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmission)  |  |  |  |  |
|--|--|--|--|--|--|
| a. COUNTY Baltimore MARYLAND   | e. STATE Mary land b. COUNTY   |  |  |  |  |
| b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerast town)       |  |  |  |  |
| writa RURAL and give nearest town) Catonsville lyr lldys   | Baltimore 3 VOL 4  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   | d. STREET ADDRESS   a. IS RESIDENCE  |  |  |  |  |
| SPRING GROVE STATE HOSPITAL  | 2211 Brookfield Avenue VES NO  |  |  |  |  |
| 3. NAME OF First Middle  | Last 4. DATE Month Dey Yeer  |  |  |  |  |
| DECEASED (Type or print) John Chester  | Hamilton DEATH April 20 1962   |  |  |  |  |
| 00000  | DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                    |  |  |  |  |
| male white WIDOWED K DIVORCED  | Nov. 20, 1881   lest birthdey)   Months Days Hours Min.                                |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR  | Y   11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY? |  |  |  |  |
| done during most of working life, even if retired) electrician   | Virginia, -Petersburg U.S.   |  |  |  |  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |
| John Hamilton  | Fannie'n ?   |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I  | NFORMANT Address   |  |  |  |  |
| (Yes, no, or unknown) ((Ifyesgivewerordetesofservice) unknown Rec  | cords: SPRING GROVE STATE HOSPITAL   |  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),   | I INTERVAL BETWEEN   |  |  |  |  |
| PART I, DEATH WAS CAUSED BY: A LANGE AND DEATH   |  |  |  |  |  |
| IMMEDIATE CAUSE (e) MYOCAR DIAC  |  |  |  |  |  |
| Conditions, if env. which  | LEROTIC HEART DISEASE  |  |  |  |  |
| seve rise to immediate seven   |  |  |  |  |  |
| (a), steting the underlying DUE TO GTENERALIZE   | ED ARTERIOSCLEROSIS  |  |  |  |  |
|  | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY        |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURED OR CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTING CONTRIBUTING TO DEATH BUT NO COURSED TO CONTRIBUTING TO DEATH BUT NO COURSED TO COURSE TO CONTRIBUTING TO DEATH BUT NO COURSED TO COURSE TO COUR | PERFORMED? YES NO •  |  |  |  |  |
| 2Ds. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   | . (Enter netura of Injury in Pert I or Part II of item 18.)                            |  |  |  |  |
| OR CONTRIBUTING CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |  |  |  |  |
|  | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)                         |  |  |  |  |
| Hour a.m. While Not While fect   | ory, street, office bldg., etc.)   |  |  |  |  |
|  | April9   |  |  |  |  |
| saw the deceased alive on April 20 19 62, and that   | death occured at   |  |  |  |  |
| 22e SIGNATURE /  | 22b. DATE  |  |  |  |  |
| Inetta J. F. Hon M   | D. ATTENDING MED. STAFF HYS. 4-20-62 SIGNED  |  |  |  |  |
| 22c. PHYSICIAN'S   | 22d. ADDRESS SPRING GROVE STATE HOSTITAL   |  |  |  |  |
| NAME (Type) LORETTA Y. F. H3U  | Catonsville 28, Maryland   |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  | OR CREMATORY 23d. LOCATION (City, town or county) (State)                              |  |  |  |  |
| REMOVAL (Specify) Burial 4-23-62 St. Peters  | Cametery Baltimore Maryland  |  |  |  |  |
| 24 FUNGRAL PURE STOR'S SIGNATURE (ADDRESS)   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                     |  |  |  |  |
| 11 Jumismo Molenna   | GVE 1 DATE APR 23 62 Cithur S. Kraus   |  |  |  |  |
|  |  |  |  |  |  |

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04239 CERTIFICATE OF DEATH 0423604236

| VI. | 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission)             |
|-----|---|---|
|     | • COUNTY Baltimore MARYLAND   | Baltimore Baltimore   |
|     | b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   | c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)                  |
|     | write RURAL end give neerest iown)  | X Parkville   |
| X   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  | a. IS RESIDENCE   |
|     | 8011 Temple Avenue  | 8011 Temple Avenue YES NO   |
|     | 3. NAME OF First Middle   | Last / DATE Month Day Year  |
|     | (Type or print) Asa Harrow Hamrick  | DEATH April 20th 19 62  |
|     | 5. SEX   6. COLOR OR RACE   7. MARRIED   B  | 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
|     | male   white WIDOWED   DIVORCED   | Nov 7, 1880 last birthdey) Months Deys Hours Min.   |
|     | 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR   | RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?               |
|     | done during most of working life, even it retired)  | Mast Vincinia 11 CA   |
|     | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| 1   | T, 11 , 1   | O A   |
|     | Thomas Hamrick  | Jane Bauchman   |
|     | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werordetesofservice)               | INFORMANT O Address   |
|     | (195, 110, of discount) (11965 give well of delessors ervice)   | rs. Ella Hamrick 8011 Temple Ave. #11   |
|     | 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]   | INTERVAL BETWEEN  |
|     | PART I. DEATH WAS CAUSED BY:  | ONSET AND DEATH   |
|     | IMMEDIATE CAUSE (e)   | of Mysort Ital  |
|     | DUE TO  |   |
|     | Conditions, if eny, which (b)   |   |
|     | geve rise to immediate cause  |   |
|     | (e), stating the underlying cause lest,   |   |
| 1   | 167   | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY                 |
| 0   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  | PERFORMED?  |
|     | 0   | YES NO .  |
|     | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   10   [F EITHER, NOTIFY MEDICAL EXAMINER] | D. (Enter neture of injury in Part I or Pert II of item 18.)                                      |
|     |   | C. C. N. W. W   |
|     |   | ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.) |
|     |   | alex. 1961, to aprent , 1962, that (1) (we) last  |
|     | 21. I certify that (I) (this hospital) attended the deceased from.  | , 17, 17, 17, 17, 17, 18  |
|     | saw the deceased alive on   | t death occured at  |
|     | 22e. SIGNATURE  | ATTENDING MED. STAFF 22b, DATE SIGNED   |
|     | Mullion Harrel N  | A.D. PHYS. DIRECTOR PHYS. 7/20/62   |
| 1   | 22c. PHYSICIAN'S NAME (Type) S. Elliott Harris, M.D.  | 22d. ADDRESS 9150 / Jarland ed., Ballo 34, lend.  |
|     | 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY   | OR CREMATORY 23d. LOCATION (City, town or county) (Steta)   |
|     | REMOVAL (Specify)  Burial 4/23/62  Odd Fellou   | as Com. Comen West Virginia   |
|     | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE  |
|     | 10010   | O I Million   |
|     | Leonard J. Ruck Inc, 5305 Harford   | Road. DATE APR 24 62 Cribing & three  |

TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the ours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidonal Discount) . PLACE OF DEATH a. COUNTY b. COUNTY Balti more Raltimore Maryl and MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Mt. Washington Mt. Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1204 Fairfield Avenue retained he State 1204 Fairfield Avenue YES NO TO 3. NAME OF 4. DATE Middle Last Month Day Yaar DECEASED EARLE HARRIS WILLIAM 16 (Typa or print) DEATH April 1902 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Min Male White WIDOWED TO DIVORCED March 6. 1896 ge 5 and within 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page purial-transit permit. File pages 1 an dona during most of working life, even if ratired) USA Marvland Automobile Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Harris Delia Lawrence File Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes givawar or datas of servica) Harold J. MacMillan, 1314 Appleby Ave. Balto. 9 Yes 18. CAUSE OF DEATH [Enter only one cause per lipe removal, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 5 Conditions, if any, which cremation, "pending" S (C) gave risa to immediate causa **DUE TO** Se (a), stating the undarlying Examiner should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION writing the word " e Chief Medical Ex Page 3 should be u burial, PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part | or Part || of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. 2Dc. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' Month, Day, Year 20f. (City or town) (County) (State) factory, straet, offica bldg., etc.) While Not While the P. P. al work at work ease execute me certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from? Accident Suicide Homicide Undetermined manner ASSISTANT MEDICAL EXAMINER DATE- SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ö NAME (Typa TO FU. Health Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Spacify) OH April 19, 1962 Baltimore National Cem. Burial m. Baltimore Co. Maryland
24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR AISME 3631 Falls Rd Balto.Md Burgee Funeral Home arthur & Krays 5M 1/62

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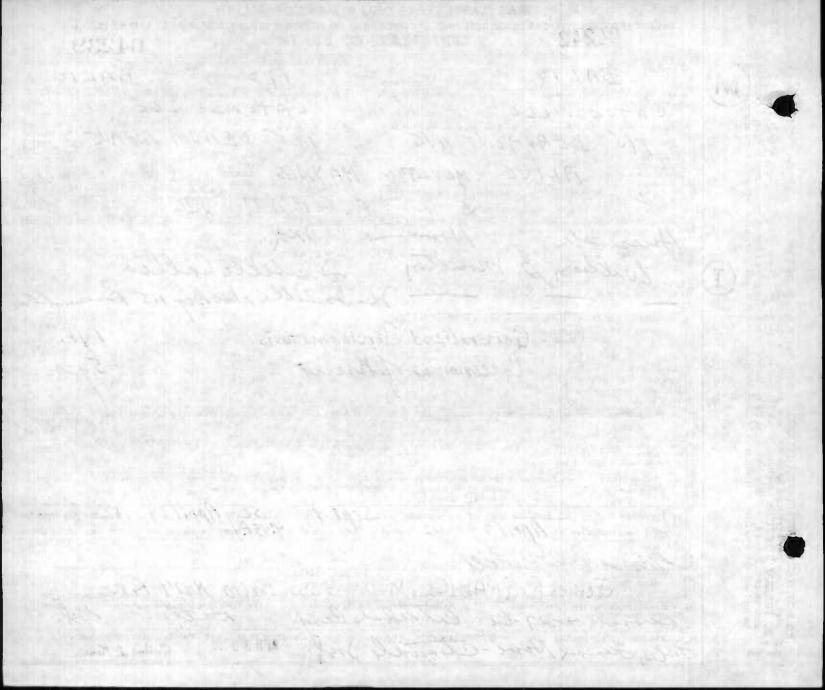
Charles FER Device

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| /  | 04233  |
|--|--|
| 1. PLACE OF DEATH a. COUNTY RAITO  | 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) a. STATE b. COUNTY |
| BALTO, MARYLAND  | BALTO  |
| b. CITY OR TOWN (if outside corporete limits, write RURAL and give, nearest town)  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)                         |
| CATONSVILLE  | X CATONSVILLE  |
| NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS   0. IS RESIDENCE  |
| 115 BEAVMONT AVE   | 1/5 BEAUM ONT AVE YES NO   |
| AME OF ECCEASED POPE or print)  ALICE MOVLTON  | HAYNGS DEATH April 24 1962   |
| EX 6. COLOR QR RACE 7. MARRIED NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                                   |
| WIDOWED DIVORCED   | AUG. 18, 1877 Stripted Months Deys Hours Min.  |
| JSUAL OCCUPATION (Give kind of work dering most of working life, even if retired)  | RY 11. BIRTHPLACE (County & State, or folding country) 12. CITIZEN OF WHAT COUNTRY?                      |
| ATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| William S. moulton   | Inbelle Callis   |
| VAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. V.   | INFORMANT Address -  |
| no, or unkown) (If yes give was ended as of service)   | 4a Isabelle History 115 Beaumonfile  |
| 8. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]   | I INTERVAL BETWEEN   |
|  | ONSET AND DEATH  |
| IMMEDIATE CAUSE (a GENERAL ZEO CA  | rcinomatosis 14t.  |
| 170 X DUE TO A   | W  |
| Conditions, if any, which \ (b) Carcinoma of   | Drest 3420,  |
| gave risa to immediata causa (e), stating the undarlying  DUE TO   |  |
| ceuse last. (c)  |  |
|  | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY                        |
|  | PERFORMED? YES NO TO   |
| De ACCIDENT WAS LINDEDIVING TO 1 20h DESCRIBE HOW INTURY OCCURE  | D. (Enter nature of injury In Pert I or Pert II of item 18.)   |
| R CONTRIBUTING CAUSE OF DEATH  | b. (Liner nature of injury in ren i or ren ii or flam to.)   |
| EITHER, NOTIFY MEDICAL EXAMINER)   |  |
| Lance to the second sec | ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stete)  |
| Hour a.m. Whila Not Whila at work et work  | 1  |
| . I certify that (I) (this hospital) attended the deceased from  | SEAT 9 102 to April 24 , 1962 that (1) (10) last   |
|  |  |
|  | at death occured at 1.57 from the causes and on the date stated above.                                   |
| a. SIGNATURE   | ATTENDINGMED STAFF 22b. DATE SIGNED  |
|  | M.D. PHYS. DIRECTOR PHYS.  |
| NAME (Type) Tames R. GRABILL, M.   | D. 5550 Balto Nar'l Pike   |
| BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY   |  |
| EMORAL (Specify) V 4-77-67 Celkelle  | OR CREMATORY 23d. LOCATION (City two or county)  |
| REMOGRA (Specify) 4-27-62 Calked   | Cem. Bald. M.  |
| ELIMERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  | 2 De 250. REGID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| EMPERAL DIRECTOR'S SIGNATURE HOME - CLAREST -  | Cem. Bald. My.   |



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04240

| 1             | PLACE OF DEATH  |   | 2. USUAL RESIDEN              | ICE (Where decessed lived, If      | institution: Residence before adm | nission)     |
|---------------|---|---|-------------------------------|------------------------------------|-----------------------------------|--------------|
|               | Baltimore   | MARYLAND                                | a. STATE Mar                  | yland b. cou                       | Baltimore                         | 9            |
|               | b. CITY OR TOWN (if outside corporete limi<br>write RURAL end give nearest town)                            | c. LENGTH OF STAY IN 16                 | c. CITY OR TOWN               | (If outside corporete limits, writ | e RURAL end give neerest town)    |              |
|               | Catonsville   | 7mth 15days                             | X Elkrid                      | ge, Maryland                       |                                   |              |
|               | d. NAME OF HOSPITAL OR INSTITUTION  | f not in hospital, give street address) | d. STREET ADDRESS             |                                    | e. IS RESI                        |              |
| _             | SPRING GROVE STA  | TE HOSPITAL                             | 49                            | 50 Tulip Avenu                     | LE YES N                          |              |
| 3             | NAME OF First DECEASED  | Middle                                  | Last                          | 4. DATE Mont                       |                                   |              |
|               | (Type or print) Leon  |   | Heron                         |                                    | 1 24, 1962 19                     |              |
| 5             |   | 7. MARRIED NEVER MARRIED 8              | . DATE OF BIRTH               | 9. AGE (In yeers last birthday)    | Months Days Hours                 | HRS.<br>Min. |
|               | male   white  | WIDOWEDXXXX DIVORCED                    | May 11, 18                    | 182 79 yrs.                        |                                   |              |
|               | Oa. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retire                 |   | 11. BIRTHPLACE (Cou           | inty & State, or foreign country   | 12. CITIZEN OF WHAT CO            | UNTRY?       |
| _             | printer   | Retired                                 | Scotland                      |                                    | U.S.                              |              |
| 1             | 3. FATHER'S NAME  |   | 14. MOTHER'S MAIDEN           |                                    |                                   |              |
|               | жижийся John He   |   | ()432223                      | Mary Scott                         |                                   |              |
|               | <ol> <li>WAS DECEASED EVER IN U.S. ARMED FOR<br/>Yes, no, or unkown)   (Ifyesgivewarordates of s</li> </ol> |   | INFORMANT                     | Addres                             | 3                                 |              |
| -             | unknown   |   | ecords: SPF                   | RING GROVE SI                      | PATE HOSPITAL                     |              |
|               | 1B. CAUSE OF DEATH [Enter only one  | <b>A</b> )                              |                               |                                    | INTERVAL BETW                     |              |
|               | PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (*)   | Neumonia                                |                               |                                    |                                   |              |
|               | 537 X DUE TO  | 00 10                                   | 1-10                          | P- 0 (10)                          | 22)                               |              |
|               | Conditions, if any, which (b)   | Closess of TO                           | rotid 9                       | rema ( ly                          | 7)                                |              |
|               | geve rise to immediate cause (e), stating the underlying  | 0                                       | <b>V</b>                      | V                                  |                                   |              |
|               | cause last. (c)   |   |                               |                                    |                                   | -            |
| 2             | PART II. OTHER SIGNIFICANT CONDI  | TIONS CONTRIBUTING TO DEATH BUT NO      | T RELATED TO THE TERM         | INAL DISEAST CONDITION GI          | VEN IN PART 1(a) 19. WAS AUT      | MED?         |
| 12            | Chronic Brain   | Ayudroul assi                           | e with Cl                     | rebr. Croeres                      | oleroses YES No                   |              |
| NOITADISITASO |   | 200 DESCRIBE HOW INJURY OCCURED         | ). (Enter nature of injury in | Pert I or Part II of item 18.)     |                                   |              |
| TADIOAL       | 20c. TIME OF INJURY Month, Day, Ye  |   | CE OF INJURY (Home, fai       |                                    | (County) (Si                      | tete)        |
| 77            | Hour a.m.   | While Not While fact                    | ory, allow, office bidg., of  |                                    |                                   |              |
|               | 21. I certify that (X (this hospi   | tal) attended the deceased from.        | Aug. 24.                      | 19 61 to APTIL 2                   | 4, 1962, that (I) (w              | e) last      |
| -             | saw the deceased alive on A.P.  |   |                               |                                    |                                   |              |
|               | 220. SIGNATURE  | 7 /                                     | ATTENDING                     | MED. STAFF                         | 22b.                              |              |
| 1             | Jose K. C   | lrisaga M                               | A.D. PHYS.                    | DIRECTOR PHYS.                     |                                   | SIGINED      |
|               | 22c. PHYSICIAN'S JOSE &   | 2. ARIZAGA, M.S                         | 22d. ADDRESS                  | SPRING GROVE Catonsville 2         | STATE HOSFIT.                     | AL           |
| 2             | 30. BURIAL, CREMATION, 236. DATE THE  | REOF 23c. NAME OF CEMETERY              | OR CREMATORY                  | 23d. LOCATION (City, to            |                                   | e)           |
|               | Burial 4/27/6:  | 2 Meadowridge                           | Cemetery                      | Elkridge.                          | Howard Co., Md.                   |              |
|               | 4 FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                                 | 25e. RI                       | EC'D BY REGISTRAR 256. RE          |                                   |              |
| 1             | XHXXXX Howard H. Hubba  | rd, 4107 Wilkens Ave                    | enue #29                      | APR 2 7 '62                        | Withing S. Kraus                  |              |
| -             |   |   |                               |                                    |                                   |              |

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### 13 FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pease you please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04241

| Description   Control      | 1. PLACE OF DEATH a. COUNTY Baltimore                    | MARYLAND                                       | 2. USUAL RESIDENCE (Where dece   | b. COUNTY                    | denca before admission) |
|--|--|--|--|------------------------------|-------------------------|
| Cherry Hill Lane & Reisterstown Rd.    Cockeysmills Road   | write RURAL and give nearest town Reisterstown           | c. LENGTH OF STAY IN 1b                        | X Reisterstown   |                              |                         |
| DECRASED (Type or print)   Denth   D   | Cherry Hill Lane &                                       | Reisterstown Rd.                               | Cockeysmills Road  | d                            | ON A FARM?              |
| S. DATE OF BIRTH   S. DATE OF    | DECEASED   |  | OF   |                              |                         |
| USA   Carpenter   Virginia   USA   Carpenter   Virginia   USA   Carpenter   Usa      |  |  | B. DATE OF BIRTH 9.  | AGE (In years IF UNDER 1 YE. | AR IF UNDER 24 HRS.     |
| Jacob T. Higgs   Barbara L. Painter  | dona during most of working lifa, aven if a              | work retired) 10b. KIND OF BUSINESS OR INDUSTR | RY 11. BIRTHPLACE (State or foreign coun   | lry)   12. CITIZEI           |                         |
| 16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. Owings Mills, Md.   No.    |  |  | The state of the s |                              |                         |
| The control of the    |  |  |  |                              |                         |
| PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which gave rise to immediate cause (a), staing the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITION GOVERNOON IN PART 1(a)  PART II. OTHER MEN II. OTHER SIGNI | (Yes no, or unkown) (Ifyasgivewarordate                  | es of service)                                 |  |                              | Mills, Md.              |
| DUE TO   Cause   State   State   Cause   Cau   | PART I. DEATH WAS CAUSED B                               | Y: Coronary Occlusio                           | n  |                              | ONSET AND DEATH         |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X NO X PERFORMED? YES NO X NO X PERFORMED? YES NO X PERFORMED? YES NO X NO X NO X PERFORMED? YES NO X NO  | gava risa to immediata causa (a), stating tha undarlying | ЕТО  |  |                              |                         |
| 20c. TIME OF INJURY Month, Day, Year Month, Day, Year While Not While set work 19 set work | PART II. OTHER SIGNIFICANT CO                            | ONDITIONS CONTRIBUTING TO DEATH BUT NO         | OT RELATED TO THE TERMINAL DISEASE CO  | ONDITION GIVEN IN PART 1(a   | PERFORMED?              |
| 21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   DATE SIGNED      ACTUAL   SIGNATURE   ASSISTANT MEDICAL EXAMINER   DATE SIGNED  | Hone   | 206. DESCRIBE HOW INJURY OCCURED. (            | Entar nature of injury in Part I or Part II of it  | am 18.)                      |                         |
| death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  SIGNATURE D. D. Caples, M. D. 6 Hanover Rd. Signed (Type) D. D. Caples, M. D. 6 Hanover Rd. Signed (Type) D. D. Caples, M. D. 6 Hanover Rd. Signed (Type) D. D. Caples, M. D. 6 Hanover Rd. Signed (Type) (State) (Stat | 20c. TIME OF INJURY Month, Day Hour a.m. p.m. none       | Whila Not Whila fact                           | tory, streat, offica bldg., atc.)  | or town) (County)            | ) (Stata)               |
| ACTUAL SIGNATURE D. D. Caples, M. D. 6 Hanover Redisposition, City, town, or country)  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial April 30, 1962 Good Shephard  April 30, 1962 Good Shephard  ADDRESS  ADDRESS  ASSISTANT MEDICAL EXAMINER ADDRESS  DEPUTY MEDICA |  |  | ide [], Homicide [], Unde  |                              | and in my opinion       |
| REMAINER'S   D. D. Caples, M. D. 6 Hanover Rd   Relister stown   Md. 4-28-62   | ACTUAL SIGNATURE D. D.                                   | Caples   | M.D. ASSISTANT MEDICAL EXAMINER  |                              | DATE SIGNED             |
| Burial April 30,1962 Good Shephard Ellacott City Md.  23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  | NAME (Type) D. D. Ca                                     |  |  | 202                          | 4-28-62                 |
| 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE   | REMOVAL (Spacify)  |  |  |                              |                         |
| J. F. Eline & Sons Reisterstown, Md. DATELAY 1 '62 Cotting & thous   |  |  |  |                              |                         |
|  | J. F. Eline & Sons                                       | Reisterstown, Md.                              | DATELAY 1 '62  | arthur S. Krs                | au <b>A</b>             |

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Burkal April 1, 1902 Good ampound Larent Char d. D. diling & Sone of the attended to TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 4 is be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04245 CERTIFICATE OF DEATH 04242

| 1. PLACE OF DEATH  |                                      |                            | institution: Residence before edmission) |
|--|--------------------------------------|----------------------------|--|
| Baltimore MARYLAND   | e. STATE Maryla                      | nd b. cour                 | Baltimore                                |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b  |                                      |                            | e RURAL end give neerest town)           |
| write RURAL and give nearest town) Dundalk   | X Dundalk                            |                            |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   | d. STREET ADDRESS                    |                            | e. IS RESIDENCE                          |
| 6917 Ridgeway  | 6917 Ridgew                          | ay                         | ON A FARM?                               |
| 3. NAME OF First Middle DECEASED   |                                      | DATE Month                 |  |
| (Type or mint) A TOTALITY  |                                      | of<br>DEATH ADT:           | il 30, 1962 19                           |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | B. DATE OF BIRTH                     | 9. AGE (In years           | IF UNDER 1 YEAR   IF UNDER 24 HRS.       |
| Male White WIDOWED DIVORCED  | June 20, 1884                        | last birthday)             | Months Days Hours Min.                   |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST   |                                      | State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY?             |
| done during most of working life, even if retired) Watchman-ret.   | G1 7 12                              |                            |  |
| 13. FATHER'S NAME  | St. Louis, M                         | 1550uri                    | U.S.A.                                   |
| Byron F. Hill  | Elizabeth Es                         |                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT                            | Address                    |  |
| (Yes, no, or unkown)   (Ifyesgivewarordetesofservice)  |                                      |                            |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | rthur J. Alfeld                      | ear, grage                 | Nay                                      |
| PART I, DEATH WAS CAUSED BY  | The las                              | 1 20                       | ONSET AND DEATH                          |
| IMMEDIATE CAUSE (a)  | promoto                              |                            |  |
| 420, DUE TO TILLO TO   | 27 (11                               | A :                        | 2 12 0                                   |
| Conditions, if eny, which  | will I'v                             | " Nesses                   | John.                                    |
| gave rise to immediate cause (a), stating the underlying DUE TO  |                                      |                            | 0  |
| cause last. (c)  |                                      |                            |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERMINAL D         | DISEASE CONDITION GIV      |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH THE NOTIFIED THE N |                                      |                            | PERFORMED?                               |
| 200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE   | D. (Enter neture of Injury in Part I | or Part II of item 18.)    |  |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                      |                            |  |
| 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL.   | ACE OF INJURY (Home, farm, † 2       | Of. (City or town)         | (County) (State)                         |
| Hour e.m. While Not While fac  | tory, street, office bldg., etc.)    |                            |  |
| print I had had  | 1                                    | 1) 111                     | 20 -72                                   |
| 21. I certify that (I) (this hospital) attended the deceased from  |                                      | 1                          | 20., 19.65 that (I) (we) last            |
| saw the deceased alive on  | death occured at                     | A, from the causes         |  |
| 220 SIGNATURE ( hockowith  | ATTENDING MED.                       | TOR STAFF                  | 22b, DATE<br>SIGNED                      |
| 22c. PHYSICIAN'S STEPHENCI MACKOWHE  | 22d., ADDRESS/ HO                    | lobred he                  | & Baldword hed                           |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY  | OR CREMATORY   23                    | d. LOCATION (City, tox     | wn or county) (State)                    |
| Burial (Specify) May 1, 1962 St. Matthew!  |                                      | St. Louis,                 |  |
| 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS  |                                      | Y REGISTRAR 256. REG       |  |
| Ullrich Funeral Home Dundalk, Md.  | DATE WAY                             | 3 '62 a                    | other S. Kraus                           |
|  |                                      |                            |  |

| SISEO         |  |                 | ( 2 5           |    |
|---------------|--|-----------------|-----------------|----|
|               |  |                 |                 | M. |
|               | The state of the state of  |                 | Topic Committee |    |
| n Sheriya ise |  |                 |                 |    |
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|               | THE STATE OF THE S |                 |                 |    |
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|               |  |                 |                 |    |
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|               |  |                 |                 |    |
| Married V.    |  | Table 11. Set 1 |                 |    |
|               | Street Street  |                 |                 |    |

funeral death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04243

| /  | I. PLACE OF DEATH  o. COUNTY  | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY |
|----|---|--|
|    | Deltomore MARYLAND  | e. STATE Mel.  |
|    | b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)  | c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town)                         |
|    | RUKAL-Cockerville 840.  | Bultimore 3vol.4   |
|    | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  | d. STREET ADDRESS ON A FARM?   |
|    | Md. Masonie Home  | 1825 BO 17 IN ST. YES NO DI  |
|    | 3. NAME OF First Middle DECEASED  | Last 4. DATE Month Dey Yeer  |
| đ  | (Type or print) Mary Holland  | DEATH 17 1 1 22 1962   |
| Н  | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  | DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthdey) Months Deys Hours Min.  |
|    | Female White WIDOWED DIVORCED   | Sept 18, 1881   Best Dirindey) Months Deys Hours Min.  |
|    | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?                       |
| Э  | housente  | 614814.2 (154  |
|    | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
|    | James C Pringle   | Mary Morris  |
| /  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. I   | NFORMANT Address   |
|    | (10s, no, or unkown) (ITyes give wer or deles of service) None  | la Masonie Home - Cockensville   |
| н  | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH   |
|    | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thromb  | sed - lyte himsplyial luf.   |
|    | 4221 DUE TO   |  |
|    | Conditions, if eny, which ) (b) arthrevelunta   | Cardio orsoular desure years.  |
|    | geve rise to Immediate cause (e), steting the underlying DUE TO   | V  |
| 2  | cause lest. (c)   |  |
| 0  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?               |
|    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURED TO COURS TO COURED TO COURS | YES NO A   |
|    | 206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH  | . (Enter neture of injury in Pert I or Pert II of item 18.)  |
|    |   |  |
|    | U Lat   | CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) ory, street, office bldg., etc.)        |
|    | Hour e.m.    While   Not While   rect   | ory, and or, orner oregr, orer,  |
|    | 21. I certify that (I) (this hospital) attended the deceased from   | Ce - 196! to April , 196 -, that (1) (we) last   |
|    |   | death occured at ?   |
|    | 22e. SIGNATURE  | ATTENDING MED. STAFF 22b. DATE SIGNED  |
|    | Elicabeth Beherrill M   | .D. PHYS. DIRECTOR PHYS. PHYS.   |
|    | 22c. PHYSICIAN'S NAME (Type)  | 22d. ADDRESS   |
|    | Elizabeth 10. Shortin M   | ) Cockeysville, Md.  |
|    | 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY   |  |
|    | BURIAL (Specify) 4-25-62 Lorraine I   | Park Cemetery Woodlawn, Maryland   |
|    | Wm. Cook, Inc., 1217 St. Paul Street, Baltimo   | re 2 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  |
| 1. | Wm. Cook, Inc., 1217 Builder Bass   | DATE APR 24 162 Curhun & Kraus   |
|    |   |  |

KUPA SCHOOL SHOW 175-121.45 your souself will 发生 1.45°C Marry Hellage 34 M. W. M. 198 AFIRM PLANTS PLANTS # Z 30 househ Jumps C Vingle Lines W pasts Mic Museum Home Conversille The terminal of the second of the terminal of the second o and the second second assertion of the second secon The state of the s Secretary Samuel Commenced to the Secretary The the state of t End Charles of the Carlo in tred, the, thir st. Phul Street, But timese 2

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# MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATISTICAL | RESEARCH AND RECORDS, 301 W. PRESTON STREET, | BALTIMORE 1, MARYLAND |
|-------------------------|--|-----------------------|
| 04247                   | CERTIFICATE OF DEATH                         | 04244                 |

| 1. PLACE OF DEAT     | Н                                     | 0                  |                       | 2. USUAL RESIDEN                 | ICE (Where de    | eceased lived, If<br>b. COUN   |                 | nce before edmission)         |
|----------------------|---------------------------------------|--------------------|-----------------------|----------------------------------|------------------|--------------------------------|-----------------|-------------------------------|
|                      | Baltimor e                            | Co.                | MARYLAND              | Mary                             | land             | 8. COUN                        | Balti           | MARE                          |
| b. CITY OR TOWN      | (if outside corporate limi            | ts, c. Ll          | ENGTH OF STAY IN 16   | c. CITY OR TOWN (                |                  | orata limits, write            | RURAL end give  | neerest town)                 |
|                      | timore                                | mille              |                       | X Baltimo                        | ra               |                                |                 |                               |
|                      | ITAL OR INSTITUTION (                 |                    | ive street eddress)   | d. STREET ADDRESS                |                  |                                |                 | . IS RESIDENCE                |
|                      | Care Nursi                            |                    |                       | 3411 R                           | olling           | Road                           |                 | YES NO                        |
| 3. NAME OF           | First                                 | 6                  | Middle                | Last                             | 4. DATE          | Month                          | Day             | Year                          |
| (Type or print)      |                                       | anche              |                       | Hook                             | OF<br>DEATH      | Apr                            | il 21, 19       | 962 19                        |
| 5. SEX               | 6. COLOR OR RACE                      | 7. MARRIED         | NEVER MARRIED         | B. DATE OF BIRTH                 | 9                | . AGE (In years last birthday) | IF UNDER 1 YEAR |                               |
| Female               | White                                 | WIDOWED X          | DIVORCED              | 1879                             |                  | 82 yrs.                        | Months Deys     | Hours Min.                    |
| 10a. USUAL OCCUPA    | TION (Give kind of work               | 10b. KIND OI       | BUSINESS OR INDUS     | TRY   11. BIRTHPLACE (Cour       | nty & State, or  | foreign country)               | 12. CITIZEN     | OF WHAT COUNTRY?              |
| At Hom               | orking life, even if retire           | d)                 |                       | Unknown                          |                  |                                | U.S.A           |                               |
| 13. FATHER'S NAME    |                                       |                    |                       | 14. MOTHER'S MAIDEN              | NAME             |                                | 0.51            | •                             |
| 100 200              | Unknow                                | n                  |                       | Unknown                          |                  |                                |                 |                               |
|                      | VER IN U.S. ARMED FOR                 |                    | AL SECURITY NO.   17. | INFORMANT                        |                  | Address                        |                 |                               |
| (Yes, no, or unkown) | (If yes give war or datas of s        | ervice)            |                       | Mrs. Blanche                     | e East           | 418 Str                        | atford R        | d.                            |
| IB. CAUSE OF         | DEATH  Enter only one                 | cause per line for |                       | WI D. Dianem                     | o Daso           | 110 501                        |                 | ITERVAL BETWEEN               |
|                      | TH WAS CAUSED BY:                     |                    |                       |                                  |                  |                                |                 | NSET AND DEATH                |
| 12.5                 | IMMEDIATE CAUSE (a)                   | 11) 111            | 8410 Sel              | LEAVED EA                        | KO10             | - VDPC                         | wan -           |                               |
| 1 72                 | DUE TO                                | 111                | SERSC '               | precnun                          | -                |                                |                 |                               |
| Conditions, if en    | 1-7.                                  | non                | art to voit           | - MNEUNIN                        | 41-05            | 4                              |                 |                               |
| (a), stating the     | DUE TO                                | 17/(1/             | 11 10 1               |                                  |                  |                                |                 |                               |
| cause last.          | (c)                                   |                    |                       |                                  |                  |                                |                 |                               |
| PART II. OTH         | ER SIGNIFICANT CONDI                  | TIONS CONTRIBUT    | TING TO DEATH BUT I   | OT RELATED TO THE TERMI          | INAL DISEASE     | CONDITION GIV                  | EN IN PART 1(e) | 19. WAS AUTOPSY<br>PERFORMED? |
| I S                  |                                       |                    |                       |                                  |                  |                                |                 | YES NO                        |
| 20a. ACCIDENT V      | VAS UNDERLYING                        | 20b. DESCRIBE      | HOW INJURY OCCUR      | ED, (Enter nature of injury in   | Part I or Part I | I of item 1B.)                 |                 |                               |
|                      | G CAUSE OF DEATH Y MEDICAL EXAMINER   |                    |                       |                                  |                  |                                |                 |                               |
| 3 20c. TIME OF INJ   | URY Month, Day, Ye                    | ar   20d. INJURY   | OCCURRED   20e. P     | LACE OF INJURY (Home, fare       | m. ' 20f. (Clt   | y or town)                     | (County)        | (Stete)                       |
| 20e. TIME OF INJ     | , , , , , , , , , , , , , , , , , , , | WhileN             | lot While fa          | ctory, street, office bldg., ato |                  |                                |                 |                               |
| prim.                | 19                                    |                    | at work               | /                                | 1                |                                |                 |                               |
| 21. I certify        | that (I) (this hospi                  | ettended t         | he deceased from      | r                                | 19 10            | 4.1.21                         | 19.6.2          | that (I) (we) last            |
| saw the decea        | sed alive on4                         | 121                | 196 end th            | at death occured et.6            |                  | n the causes                   | and on the c    | lete stated above,            |
| 220. SIGNATURE       | P                                     | 1111               |                       | ATTENDING                        | MED.             | STAFF                          |                 | 22b. DATE<br>SIGNED           |
| 1/60                 | 11.                                   | 11/16              | in                    |                                  | DIRECTOR [       | PHYS.                          |                 | 6//22/                        |
| 22c. PHYSICIAN       |                                       | V Car              |                       | 22d. ADDRESS                     |                  |                                |                 | 7/0/12                        |
| Name (114)           | Lu El.                                | Show               | 1 MAR                 | 680U 801                         | werd             | Con A                          | US. An          | 11-28 mes                     |
| 23a. BURIAL, CREMA   |                                       | REOF   23c.        | NAME OF CEMETER       |                                  |                  | ATION (City, to                | wn or county)   | (State)                       |
| REMOVAL (Specifical  | 4/25/6                                | 2 7                | Woodlawn              | Cemetery                         | Bal              | ltimore.                       | Maryla          | and                           |
| 24 FUNERAL DIRECTO   |                                       | 0                  | ADDRESS               |                                  |                  |                                | GISTRAR'S SIGNA |                               |
| (Cal)                | 11 / 12                               | 1600Tibe           |                       | Avenue DATE                      | 400 2 E          | 62 (                           | arthur S. to    | rains                         |
| EIISWORTH            | AI IIIa Costa.                        | TOOOTING           | T CALLETTE .          | TT TOTAL                         | WAN TO           |                                |                 |                               |

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OA 245

| - UTANEU  | Items lc & L F                | 17 1277 1./  | 21, /62 mb               |   | U'TAU'          | 1.                  |
|---|-------------------------------|--|--------------------------|---|-----------------|---------------------|
| 1. PLACE OF DEATH a. COUNTY   | 100m3 10 & 4 1.               | 2. USUAL RESIDEN                                       | ICE (Where daceas        |   | tion: Residence | e before edmission) |
| Baltimore   | MARYLAND                      | e. STATE Mai   | ryland                   | b. COUNTY                               | 94.30           | V                   |
| b. CITY OR TOWN (if oulside corporate limits,<br>write RURAL and give neerest town) | c. LENGTH OF STAY IN 1b       | c. CITY OR TOWN  | (If outside corporate    | limils, writa RUR                       | AL and give r   | eerest town)        |
| Catonsville   | 7 days                        | Baltimore  |                          |   | 2 11            | 1.4                 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in h                                     | ospitel, give street address) | d. STREET ADDRESS                                      |                          |   | 3 7 7           | . IS RESIDENCE      |
| SPRING GROVE STATE HOS  | SPITAL                        | 405 East   | Fort Ave                 | nue                                     |                 | YES NO              |
| 3. NAME OF allen the genfirst the   | K. Middle                     | Last   | 4. DATE                  | Month                                   | Dey             | Year                |
| (Type or print) George  | Allen                         | Hook   | OF<br>DEATH              | April                                   | 12.             | 1962                |
| 5. SEX 6. COLOR OR RACE 7. MARR   | RIED X NEVER MARRIED   8      | . DATE OF BIRTH  |                          |   | DER 1 YEAR      | IF UNDER 24 HRS.    |
| male white widow  |                               | Dec. 14, 18  | 886 7                    | birthday) Mor                           | ths Days        | Hours Min.          |
| 10a. USUAL OCCUPATION (Give kind of work   10b.                                     | KIND OF BUSINESS OR INDUSTR   |  | nty & State, or forei    | gn country)   1                         | 2. CITIZEN O    | WHAT COUNTRY        |
| done during most of working life, even if ratired) unknown                          |                               | Mary land  |                          | The state of                            | U.              | S.                  |
| 13. FATHER'S NAME   |                               | 14. MOTHER'S MAIDEN                                    | INAME                    |   |                 |                     |
| George Hook   |                               | Kather   | rine                     |   |                 |                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16                                    | 6. SOCIAL SECURITY NO. 17. I  |  |                          | Address                                 |                 |                     |
| (Yes, no, or unkown) (Ifyesgivewerordetesofsarvice) unknown unkr                    | nown Re                       | cords: SPR   | ING GROV                 | E STATE                                 | HOSP            | TTAT.               |
| 18. CAUSE OF DEATH [Enter only one cause ag   |                               |  | 2.110 0100 1             | o orum                                  |                 | ERVAL BETWEEN       |
| PART I. DEATH WAS CAUSED BY:  | andia                         | Failune  |                          |   | ON              | T AND DEATH         |
| IMMEDIATE CAUSE (e)   | ,000000                       | 000,000,0  | _                        |   |                 |                     |
| DUE TO HAY  | too - Ocasti                  | Cano-  | ovener                   | 000                                     | 1               | 1000                |
| Conditions, if any, which geve rise to immediate ceusa                              | - Chosen and                  | c Colour   | ماريس م                  |   | -               | Land.               |
| (a), steting the underlying DUE TO  | inease                        |  |                          |   |                 |                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CO  |                               | AT DELATED TO THE TERMI                                | INAL DISEASE CON         | DITION CIVEN IN                         | DADT 1/-\ 1     | WAS ALITORSY        |
| PART II. OTHER SIGNIFICANT CONDITIONS CO  | DRIKIBUTING TO DEATH BUT NO   | I KELATED TO THE TERMI                                 | INAL DISEASE CON         | DITION GIVEN IN                         | PARI I(0)       | PERFORMED?          |
| 5   |                               |  |                          |   | ١               | ES NO               |
| PART II. OTHER SIGNIFICANT CONDITIONS CO  | ESCRIBE HOW INJURY OCCURED    | . (Enter neture of injury in                           | Part I or Part II of it  | tem 18.)                                |                 |                     |
| 0   |                               | CE OF INJURY (Home, ferrory, street, office bldg., atc |                          | own)                                    | (County)        | (State)             |
| Hour a.m. Wh  | ile Not While tact            | ory, street, office bldg., are                         | ·.) j                    |   |                 |                     |
| 21. I certify that (I) (this hospital) after  | ended the deceased from       | Anril 5  | 19 62 to Q1              | ml 12                                   | 196€ 11         | nat (I) (we) las    |
| saw the deceased alive on Capacil   | 12 1962 and that              | death occured as                                       | FRHirom In               | e causes and                            |                 |                     |
| 228. SIGNATURE Chrisa   | ga H.D. M                     |  |                          | TAFF<br>HYS.                            |                 | 22b. DATE<br>SIGNED |
| 122c PHYSIGIAN'S NAMY (Type) S PRING GRO  | VESTATE HOSE                  | P. 22d. ADDRESS  |                          | 0                                       | TATE I          | HOSPITAL            |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)                         | 23c. NAME OF CEMETERY         |  | Catonsvi<br>23d. LOCATIO | N (City, town or                        | county)         | (Stete)             |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                       |  | C'D BY REGISTRAR         |   | AR'S SIGNAT     | URE                 |
| M & Cylly 130 6   | tor8 ave-                     | 30 DATE  | PR 1 6 '62               | 300000000000000000000000000000000000000 | wa 2 H.         |                     |

CISIO - Was the second of the of say of the substitute of the said of the 1040 LA TERMINE TO SELECT THE SELECT OF THE SELEC and the state of t ours after

The law requires that the death certificate be executed within

ATTENDING PHYSICIAN:

VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| -  | 0.12.10   |
|--|---|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where decaased lived, If Institution: Residence before admission)             |
| Baltimore MARYL  | a. STATE Maryland b. COUNTY Carroll   |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY  |   |
| Fort Howard 3 Hours L  | 5 min.Westminster 06 X - 2  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddre  | 955) d. STREET ADDRESS   e. IS RESIDENCE  |
| Veterans Administration Hospital   | Box 123 RFD 4   |
| NAME OF Served as: DAVID Widdle  | HOOPER 4. DATE Month Dey Year   |
| (Type or print) DAVID  | HOOPER DEATH April 27 1962  |
| 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | 8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                           |
| Male White WIDOWED DIVORCED  | Months Days Hours Min.  |
| Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR   |   |
| done during most of working life, even if retired)   | Carroll County, Maryland U.S.A.   |
| Farm Hand Farm 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
|  | Alice Haines  |
| Reese Hooper  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO  |   |
| Yes, no, or unkown) (lifyes give wer or detes of service)  | Clinical Records, VA Hospital, Fort Howard, Md.   |
| Yes WW-1 215-18-4423  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)  |   |
| ALAST ASSAULT CALIFFO AV   | ONSET AND DEATH   |
| IMMEDIATE CAUSE (6) CORONARY THE   | ROMBOSIS 1\frac{1}{2} Hour  |
| 4 20, DUE TO   |   |
| Conditions, if eny, which (b)  |   |
| geve rise to immediate ceuse (a), stetling the underlying  DUE TO  |   |
| cause last. (c)  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Peritonitis secondary to Appendice   | H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| C refrontions secondary to appendice   | Pneumonia.  |
| Peritonitis secondary to appendice  200. Accident was underlying   20b. describe how injury coor contributing   cause of death  (if either, notify Medical Examiner) | OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)                                |
| 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED  | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)                            |
| Hour a.m.  | factory, street, office bldg., etc.)  |
| 21. I certify that XI) (this hospital) attended the deceased   | d from April 27 19 62 to April 27 19 62, that (X (we) la  |
|  |   |
|  | and that death occured et the from the causes and on the dete stated ebove                        |
| 22e. SIGNATURE Sura Street   | M.D. ATTENDING MED. STAFF PHYS. M. 14/28/02   |
| 22c. PHYSICIAN'S   | 22d. ADDRESS  |
| NAME (Jépo) JOSHUA SMITH, M.D.   | VA Hospital, Fort Hoard, Maryland   |
|  | EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete)                                 |
| REMOVAL (Specify) 5/1/62 Betha   | my Cometery Taylarsville Md.  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 259. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  |
| I E mners In Westin  | rinsler Ohte  |
| 0  | 1 MAY 1 62 Circling S. Kings  |

Make the same of t The state of the s . b.d. - I had graft , thurst fire rest wind the requirement of the state of the sta MINE TO A CONTROL OF THE PARTY minutes in the second second second second Callege Contine ( ) ( Lackers and Lac

1. PLACE OF DEATH e. COUNTY Baltimore write RURAL end give nearest town) after Fort Howard filled in Pages papers. completely 3. NAME OF DECEASED (Type or print) carbon withi and Male physician 10a. USUAL OCCUPATION (Give kind of work remove Laborer 13. FATHER'S NAME please law requires that the death affending Then remova Yes r attending physician. has been signed by the permit. 5 the burial-fransit geve rise to immediate cause (e), stating the underlying cause last. 0 certificate CERTIFICATION hospital use as 9 20e. ACCIDENT WAS UNDERLYING for After this Health detached MEDICAL be refained by 2Dc. TIME OF INJURY DIRECTOR: saw the deceased alive on. 22e. SIGNATURE O HOSPITAL death. Page 4 page 22c. PHYSICIAN'S NAME (Type) director, p 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) Burial H 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. STATE b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b Baltimore Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 612 W. LaFayette Avenue YES NO X Veterans Administration Hospital DATE Year 1962 P. HOWARD THOMAS DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED XX last birthday) Colored WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Construction Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Mary Griggs Ernest Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Clin. Rec. VAH. Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SEVERAL MONTHS UREMLA IMMEDIATE CAUSE (e) DUE TO TENSIVE CARDIOVASCULAR DISEASE NEPHROSCLEROSIS) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO XX

20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 2Dd. INJURY OCCURRED I Month, Dey, Yeer

While Not While et work et work (this hospital) attended the deceased from... 22b. DATE

factory, street, office bldg., etc.)

ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS

> JOSHUA SMITH, M.D. VA HOSPITAL. FORT HOWARD, MD. 23d. LOCATION (City, town or county)

23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF Baltimore National

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Baltimore, Maryland

PHYS.

1000 Brantley

ADDRESS

Elrov O. Wilson

15M 7/61

DATE APR 2 7 '62

Cirthur S. Krous

(County)

(Stete)

SIGNED

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VR A15 (4) 15M 7/61

MADVIAND STATE DEDADTMENT OF HEALTH

|                         | MAKILAND 31  | A IE DEPA   | KIMENI OF    | HEALI   | 1            |          |
|-------------------------|--------------|-------------|--------------|---------|--------------|----------|
| DIVISION OF STATISTICAL | RESEARCH AND | RECORDS, 30 | 1 W. PRESTON | STREET, | BALTIMORE 1, | MARYLAND |
| DIVISION OF STATISTICAL | CERT         | FICATE C    | F DEATH      |         | 04           | 248      |

| 1. PLACE OF DEATH              |   |                       |                           | 2. USUAL           | RESIDEN      | CE (Where de      | ceased lived, If<br>b. COUN     |                | sidence before  | admission) |
|--------------------------------|---|-----------------------|---------------------------|--------------------|--------------|-------------------|---------------------------------|----------------|-----------------|------------|
| Ba                             | ltimore   |                       | MARYLANI                  |                    | N            | Id.               | B. COOK                         |                | -               |            |
| b. CITY OR TOWN (              | f outside corporate limi                        | ts,                   | . LENGTH OF STAY IN 1     | b c. CITY C        | OR TOWN (    | If outside corpo  | orate limits, write             | RURAL and      | give neerest to | wn)        |
| Perry                          |   |                       |                           |                    | F            | Baltim            | ore                             |                | 3VAL.           | af         |
|                                | TAL OR INSTITUTION (                            | if not in hospit      | al, give street eddress)  | d. STREET          | ADDRESS      |                   | 020                             |                |                 | RESIDENCE  |
| Box #                          | 150 Forge                                       | Rd.                   |                           | 33                 | 2 Fol        | croft             | St. #                           | 24             |                 | A FARM?    |
| NAME OF<br>DECEASED            | First   |                       | Middle                    | Last               | -            | 4. DATE           | Month                           |                | Day Ye          | er .       |
| (Type or print)                | GERTRUDI  | T                     | BARBARA                   | HUBE               | R            | DEATH             | Apr                             | 11             | 30 19           | 62.        |
| 5. SEX                         | 6. COLOR OR RACE                                | 7. MARRIED            | NEVER MARRIED             | B. DATE OF BIR     | TH           | 9.                | AGE (In years<br>last birthday) |                |                 | R 24 HRS.  |
| Female                         | White   | WIDOWED               | DIVORCED [                | Dec.28             | ,1910        |                   | 51 yrs.                         | Months Da      | Bys Hours       | Min.       |
| On. USUAL OCCUPAT              | ION (Give kind of world                         | 10b. KIN              | O OF BUSINESS OR INDU     | STRY 11. BIRTHPI   | ACE (Cour    | nty & State, or   | foreign country)                | 12. CITIZ      | EN OF WHAT      | COUNTRY    |
| House                          |   |                       | t Home.                   | B                  | altin        | nore.             | Md.                             |                | U.S.A           |            |
| 13. FATHER'S NAME              |   |                       | TO MON                    | 14. MOTHER         | 'S MAIDEN    | NAME              |                                 |                |                 |            |
| Ca                             | sper Fise                                       | cher                  |                           | M                  | argai        | ret Li            | ndenbe                          | rger           |                 |            |
| 15. WAS DECEASED EV            |   |                       | CIAL SECURITY NO. 17      | INFORMANT          |              |                   | Address                         |                |                 |            |
| No                             |   | oi vico)              |                           | John L             | ouis         | Huber             |                                 | Same.          |                 |            |
| 18. CAUSE OF D                 | EATH [Enter only one                            | cause per line        | o for (e), (b), end (c).] |                    |              |                   |                                 |                | ONSET AND       |            |
| PART I. DEAT                   | H WAS CAUSED BY:                                | Ca                    | rcinoma K                 | of gall            | blad         | der               |                                 |                | 6 mg            |            |
| 155,1                          | DUE TO  |                       |                           |                    |              |                   |                                 |                |                 |            |
| Conditions, if eny             |   |                       |                           |                    |              |                   | -                               |                |                 |            |
| (a), stating the u             |   |                       |                           |                    |              |                   |                                 |                |                 |            |
| cause last.                    | ) (c)   |                       |                           |                    | THE TERM     | NIAL DISCASS      | COMPLETION OU                   | CALLIAL DART 1 | (-) 10 WAS      | ALITORCY   |
| PART II. OTHER                 | R SIGNIFICANT CONDI                             | HONS CONTI            | RIBUTING TO DEATH BUT     | NOT RELATED TO     | THE TERMI    | NAL DISEASE       | CONDITION GIV                   | EN IN PARI     | PERF            | ORMED?     |
| 5                              |   |                       |                           |                    |              |                   | 40.4                            |                | YES             | NO [       |
| OR CONTRIBUTING                | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCI            | RIBE HOW INJURY OCCU      | RED. (Enter neture | of injury in | Pert I or Pert II | of item 18.)                    |                |                 |            |
| 20c. TIME OF INJU              | RY Month, Dey, Ye                               | er   20d. IN<br>While |                           | PLACE OF INJURY    |              |                   | or town)                        | (Count         | ly)             | (Stete)    |
| p.m.                           | 19  | et work               |                           |                    |              |                   |                                 |                | 1               |            |
| 21. I certify t                | hat (I) (this hospi                             | tal) attende          | d the deceased fro        | m Febr             | 14           |                   | April                           |                |                 |            |
| saw the deceas                 | ed alive onA.                                   | oril3                 | .Q1962 and t              | hat death occu     | red at       | 25 A              | · Mo EDT                        | and on th      | e date state    | ed above   |
| 220. SIGNATURE                 | 0   | 1                     |                           | ATTENDI            |              | MED.              | STAFF                           |                |                 | b. DATE    |
| The                            | done R.   | Avo                   | eno                       | M.D. PHYS.         |              | DIRECTOR [        | PHYS.                           |                | 5/2/62          | 310141     |
| 22c. PHYSICIAN'S<br>NAME (Type | Theodore  | E. E                  | vans, M.                  | 22d, AC            |              | 00 Bel            | air Rd                          | Ba             | lto 36          | Mo         |
| 23a, BURIAL, CREMAT            |   |                       | 23c. NAME OF CEMETE       |                    |              |                   | ATION (City, to                 |                |                 | State)     |
| REMOVAL (Specify Burial        |   | -62.                  | Sacred H                  |                    |              |                   | 1 Germ                          |                | ll Rd.          |            |
| 24 FUNERAL DIRECTO             | S SIGNATURE 6                                   | 224 Es                | stern Ave                 |                    |              | C'D BY REGIST     |                                 | GISTRAR'S SI   |                 |            |
| Charles S. of                  | aler 1  | Balto.                | 24 Md.                    |                    | DATE         | AY 3 '6           | a                               | Thur 8, 7      | trans           |            |
| 0                              |   |                       |                           |                    |              |                   | - 100                           |                |                 |            |

AS & AS FLOROSOS SEE BH GROWT CEL & YOU Se 9181,02,000 mars Commun of Mile of Store A.C. STOLLES . had Ja wio sauch derestet Lineasperan Wind and the second sec SOUTH THE RESERVE TO THE STREET A PERCENTAGE OF THE PROPERTY O 3 -62. Sacred Heart Complery 7501 Ceruma Elli ma. de. 

| 1   | X   | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|---|-----|--|
| عدي ا   | 7   | 04252 CERTIFICATE OF DEATH Reg. Di 249   |
| rol director,<br>be filed with                                    | M   | PLACE OF DEATH  O. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
|   |     | CATOMSVILLE BALTO. 3VOI-4  |
| by the i  | 90  | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON IT NURS, HOME, 345 WHITRIDGE BD, YES NO.   |
| ely filled in b<br>Pages 1 and                                    |     | NAME OF DECEASED (Type or print) CATHERINE HUDSON 4. DATE Month Day Yeor OF DEATH APR, 4, 196  |
|   |     | SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  F. WIDOWED   DIVORCED   MAY 15, 1883   P. AGE (In years lost birthdoy)   Months   Doys   Hours   Min.  |
| 6)  |     | Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  |
| an a<br>carba   |     | 3. FATHER'S NAME   |
| physic<br>emave<br>hours  | (I) | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  YEL NO. OF UNKNOWN)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)   |
| he attending<br>hen please re                                     |     | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH   |
| signed by the permit. To do in any even                           |     | Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  Culturing living couse lost.  DUE TO  (c)   |
| ng physicial<br>e has been<br>burial-transi                       | 0   | PANT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{NORMS} \) NO BY   |
| ending<br>ficate that<br>the bur                                  |     | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)    19   19   19   19   19   19   19   1  |
| this certi<br>r use as<br>ematian                                 |     | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of twork of two   |
| After<br>ed fo  |     | 21. I certify that I attended the deceased from 27 march 1962 to 4 april , 1962 that I last saw the deceased   |
| ined by hos<br>DIRECTOR: Aft<br>Id be detached<br>prior to burial |     | alive an 4 april 1962, and that death accurred at 35 P.M., from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGN  ACTUAL  SIGNATURE  SIGNATURE  DER ICKRD 4 april   |
| y be retained JNERAL DI   |     | PHYSICIAN'S TO HNN, SNYDERM.D. BALTIMORE 28 MO.  |
| may be O FUNE   | 0   | 20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)   |
| VS A15 (4)<br>15M 10/57   | PI  | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OF BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OF BY REGISTRAR 24b. REGISTRAR'S SIGNATURE   |

|  | dwarths. | SHI MARK TO     |                    |         |
|--|----------|-----------------|--------------------|---------|
|  |          | <b>MTARR 10</b> | CERTIFICATE        |         |
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VR A15 (4) 15M 9/59

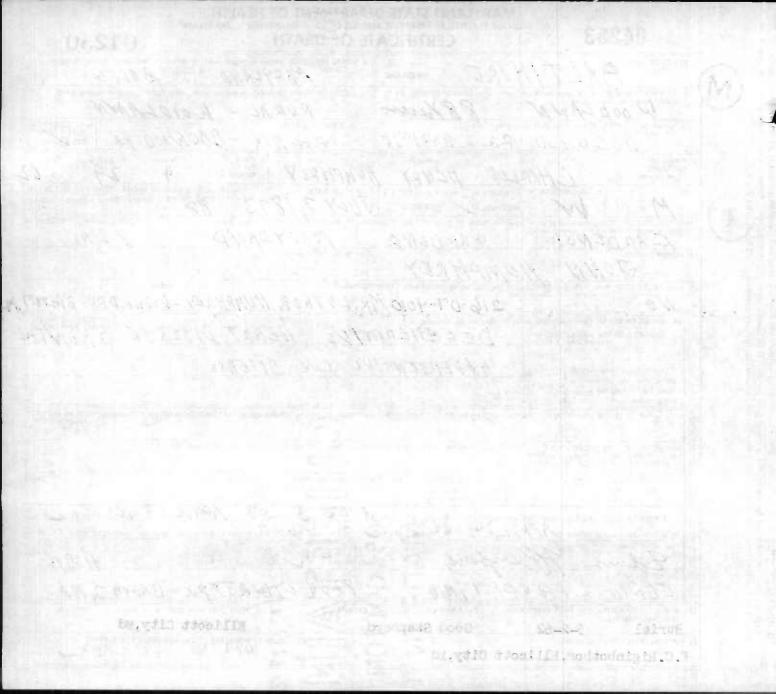
04253

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

04250

|         | PLACE OF DEATH B   | XLT/M  | DRE MARY   | rland 2.     | STATE MAR   |                        | If institution: Resid | ence befare admission                   | 1)             |
|---------|--|--|--|--------------|---|------------------------|-----------------------|---|----------------|
| 1       | B. CITY OR TOWN (If au RURAL and give neares                       |  | write c. LENGTH OF STAY                              | IN 16        | c. CITY OR TOWN (If au                                | AC - 6                 | its, write RURAL an   | d give nearest tawn)                    |                |
|         | d. NAME OF HOSPITAL  | If not in haspital, give                                   | street address) Rel Boy/                             | 36%          | d. STREET ADDRESS  BOX PO                             | 1 - DO                 | GWOOD ,               | e. IS RESIDE<br>ON A F                  | NAW5           |
|         | NAME OF<br>DECEASED<br>(Type or print)                             | CHARL  | IS HENR  | y HU         | MPHREY  | 4. DATE<br>OF<br>DEATH | Month<br>4            | 29 19                                   | 17             |
|         | M  | W W  | MARRIED NEVER MARRI                                  | 00 V         | 147,18  | 73 8                   | yrs. Manth            |   | Min.           |
| L       | C-ARDE   | Give kind af wark dan<br>Jife, eyen if retired)            | GAPUEN   | 10           | 11. BIRTHPLACE (State of                              | -ANP                   | 12.0                  | 1. S. A.                                | JNTRY?         |
|         | FATHER'S NAME TO A   | IN HO  | INPHREY  |              | . MOTHER'S MAIDEN N.                                  | AME                    |                       |   |                |
|         |  | I U. S. ARMED FORCE<br>is, give wor or dates of service    | 16. SOCIAL SECURITY NO<br>216-07-40                  | 10/1R        | LUTHER  | HUMPHRO                | Address<br>By -DOG-WI | OPPL-BAL                                | 77.7           |
|         | PART I. DEATH  | WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  which (b) ediate | DEGAN  | E.P.ATY      | VE HE<br>CYID   | ART DI<br>ISEASE       | ISEASE                | ONSET AND DI                            | 774            |
| CATION  | PART II. OTHER   | SIGNIFICANT CONDIT   | IONS <u>CONTRIBUTING</u> TO DE                       | ATH BUT NOT  | RELATED TO THE TERMIN                                 | NAL DISEASE COND       | DITION GIVEN IN P     | ART 1(a) 19. WAS AU<br>PERFORM<br>YES 1 | AED?           |
| CERTIFI | 20a. ACCIDENT WAS U<br>OR CONTRIBUTING []<br>(IF EITHER, NOTIFY ME | CAUSE OF DEATH   | b. DESCRIBE HOW INJURY O                             | OCCURRED. (E | nter nature of injury in P                            | art I ar Part II af it | em 1B.)               |   |                |
| MEDICAL | 20c. TIME OF INJURY<br>Haur a. m.<br>p. m.                         | Manth, Day, Year   | 20d. INJURY OCCURRED While Nat while at wark at wark |              | OF INJURY (Hame, farm,<br>street, affice bldg., etc.) |                        | n)                    | (Caunty)                                | (State)        |
|         | 21. I certify that (   | ADA  | ottended the deceosed                                |              | h occurred a 630                                      | 50 to API              |                       | he date stoted o                        |                |
|         | 22a. SIGNATURE   | > 4PM  | ripent,  | M.D.         | -   | D. STAI                |                       | 4/29/8                                  | DATE<br>SIGNED |
|         | 22c. PHYSICIAN'S EDWYN   | L. PIERI   | BONT, M.O.   |              | 8764 6/1  | BERTYP                 | d-BAL                 | ro, 7,111                               |                |
| 230     | BURIÁL, CREMATION,<br>REMOVAL (Specify)                            | 23b. DATÉ THEREOF  | 23c. NAME OF CEN                                     |              | EMATORY   | 23d. LOCATION (C       |                       |   |                |
| 2.4     | Burial FUNERAL DIRECTOR'S S  | 5-2-52   | Good She   | pherd        | 250 2500  |                        | tt City,1             |   |                |
|         |  |  | ott City, Md   |              | DATE  | BY REGISTRAR           |                       | Chur S. Kraya                           |                |



1/2

# TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the bours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definit.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04251

|   | 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)                                |
|---|---|--|
|   | Baltimore MARYLAND  | e. STATE Ad.   |
| 4 | b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                     |
|   | write RURAL end give neerest town)  | Delille Rollings July  |
|   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  | d. STREET ADDRESS 200 111 1 10 15 RESIDENCE  |
|   | 0 . 61 . 1  | -7821 5 2003 Westgreld Tive ON A FARM?   |
|   | 7814 Elmhurst Ave. 3. NAME OF First Middle  | Last 4. DATE Month Day Year  |
|   | DECEASED (1/1/A)  | OF   |
|   | ssaverca m. maskerca  | DEATH 4 19 19 62   |
|   | 1 1 1 C   | DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthdey)   Months   Deys   Hours   Min. |
|   |   | 2pt 9, 1881 80   |
|   | 106. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)   | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?                                     |
|   | Housewite   | Washington, D.C. USA   |
|   | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| 1 | Gustot Giesecke   | Lena Seebode   |
|   |   | NFORMANT Address   |
|   | (Yes, no, or unkown) (Ifyesgive werordetes of service) 220-30-1404 B.   | Mrs. Henry C. Hupteld same.  |
|   | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).)   | I DIMPRILAT DEPLUEFAL  |
|   | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)   | exal Vascular drelay 8 was   |
|   | DUE TO  | (10000   |
|   | Conditions, if eny, which (b)   |  |
|   | gove rise to immediate cause  |  |
|   | (a), stelling the underlying DUE TO   |  |
|   |   | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY                                       |
|   | <u>————————————————————————————————————</u>   | PERFORMED?   |
|   | 200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED.  | (Enter nature of injury in Pert I or Pert II of item 18.)  |
|   | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |
| V | Great Control of the | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)                      |
|   | Hour a.m.  p.m.  While Not While et work et work et work  |  |
|   | 21. I certify that (I) (this hospital) attended the deceased from   | 19.5 % to Cyp 19, 1962, that (I) (we) last   |
|   | saw the deceased alive on ap 17 1962 and that   | death occured a 5.PM, from the causes and on the date stated above.  |
|   | 22a. SIGNATURE  | ATTENDING / MED. STAFF 22b. DATE   |
|   | Horold Hours M.   |  |
|   | 22c. PHYSICIAN'S Harold H Bunna   | 22d. ADDRESS   |
|   | Hamilitaria Hariola H. Durns  | 8106 Harfart of Marylan  |
|   | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C   | OR CREMATORY 23d. LOCATION (City, town or county) (Stote)  |
|   | REMOVAL (Specify) 4/23/62 (edar Hill  | (Ametery Baltimore, Maryland   |
| 1 | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| 1 | L. J. Ruck Inc. 5305 Hartord Rd.  | DATE APR 2 4 162 ariling & Kana  |
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| TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 4 735 be retained by the hospital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled they the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. |
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| MARYLAND STATE DEPARTMENT OF HEALTH   |                     |
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| U4255. CERTIFICATE OF DEATH   | 04050               |

| ŀ   |                              |  |                                  |   |                                     |               | 202             |           |  |
|---|------------------------------|--|----------------------------------|---|-------------------------------------|---------------|-----------------|-----------|--|
| 1   | . PLACE OF DEAT              | Н  |                                  |   | ICE (Where deceased lived, If       |               | idence before a | dmission) |  |
| IJ)   |                              | ltimore  | MARYLAND                         | a. STATE Mary   | rland b. coun                       | Dace          | hout            | 2-        |  |
| r   | b. CITY OR TOWN              | (if outside corporale limits,                                | c. LENGTH OF STAY IN 16          |   | (If outside corporate limits, write | RURAL and g   | ive neerest tow | vn)       |  |
|   |                              | d give nearest town)   | 2h Davs                          | Comb  | ridge                               | 10            | 12.             | 2         |  |
| H   |                              | ITAL OR INSTITUTION (if not i                                |                                  | d. STREET ADDRESS   |                                     | 0.7           | l e. IS RI      | ESIDENCE  |  |
| ı   |                              | s Administrati   |                                  |   | Cemetery Ave                        |               | ON              | A FARM?   |  |
| =   | NAME OF                      |  | -                                |   |                                     |               | , ,             |           |  |
|   | DECEASED<br>(Type or print)  | First WILLIAM  |                                  | HURLOCK   | 4. DATE Month OF DEATH April        | 19            | Doy Year        | 62        |  |
| ı   | 5. SEX                       | 6. COLOR OR RACE 7. M  | ARRIED NEVER MARRIED             | 8. DATE OF BIRTH  | 9. AGE (In years last, bighday)     |               |                 |           |  |
|   | Male                         | White win  | OWED DIVORCED                    | September 9,  | 1915 46 yrs.                        | Months De     | ys Hours        | Min.      |  |
| Ī   | 10a. USUAL OCCUPA            | TION (Give kind of work orking life, even if retired)        | Ob. KIND OF BUSINESS OR INDUS    | TRY 11. BIRTHPLACE (Cou                                     | nty & State, or foreign country)    | 12. CITIZE    | N OF WHAT C     | COUNTRY?  |  |
|   | Painter                      |  | Self employed                    | Preston,  | Maryland                            | USA           | 1               |           |  |
|   | 13. FATHER'S NAME            |  |                                  | 14. MOTHER'S MAIDEN   |                                     |               |                 |           |  |
|   | William                      | Hurlock  |                                  | Ida F. Bl   | 2465                                |               |                 |           |  |
| r   | 15. WAS DECEASED E           | VER IN U.S. ARMED FORCES?                                    | 16. SOCIAL SECURITY NO.   17.    |   | Address                             |               |                 |           |  |
| ı   |                              | (If yes give war or dates of service)                        |                                  | limical Rosem   | ds Veterans Ad                      | m Hoer        | F+ H            | ottond    |  |
| r   | Yes Is Cause OF              | WW II DEATH [Enter only one cause                            |                                  | TIUTGAT 1.6COL  | ds vecerans ad                      | il. nosi      | INTERVAL BET    |           |  |
|   |                              | 0.004.000  | ONSET AND                        | DEATH   |                                     |               |                 |           |  |
| PART I. DEATH WAS CAUSED BY. SQUAMOUS CELL CARCINOMA RIGHT LUNG WITH METASTASES |                              |  |                                  |   |                                     |               |                 |           |  |
|   | 1 1 6 3                      | MUERCK TO  | THORACIC WALL .                  | AND DIAPHRAGM   | 1                                   |               | UNKNO           | WN        |  |
|   | Conditions, if an            | y, which ) (b) Ph  | EUMONIA, BILATE                  | RAT.  |                                     |               | 4 day           | S         |  |
|   | gave rise to immed           | ziere cause  |                                  |   |                                     | 100           |                 |           |  |
| ı   | (e), steting the cause last. | (c)  |                                  |   |                                     |               |                 |           |  |
|   | PART II. OTHE                | (-7,   | CONTRIBUTING TO DEATH BUT I      | NOT RELATED TO THE TERM                                     | INAL DISEASE CONDITION GIV          | EN IN PART 1  |                 |           |  |
| 1   | 8                            |  | DREL TVIII                       |   |                                     |               |                 | PRMED?    |  |
|   | S ACCIDENT N                 | AS UNDERLYING TO LODE  | DESCRIBE HOW INJURY OCCUR        | NED 18-1  | Don't as Don't Had Show 10 \        |               | YES X           | но П      |  |
|   | OR CONTRIBUTING              | VAS UNDERLYING   2Db. G   CAUSE OF DEATH Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR        | CED. (Enter neture of injury in                             | rent or rent it or tiem to.;        |               |                 |           |  |
|   | 20c. TIME OF INJ             |  |                                  | PLACE OF INJURY (Home, fer actory, street, office bldg., et |                                     | (County       | 1)              | (Stete)   |  |
|   | Hour e.m.                    |  | While Not While                  | actory, sileer, office brug., or                            | •••                                 |               |                 |           |  |
| ı   | Print                        | that OX (this because)                                       | Wanded the deserved free         | March 26  | 10.62 .Anril 19                     | 106%          | that OS (       | (wa) lad  |  |
|   | saw the decea                | ased alive on April.   | attended the deceased from<br>19 | nat death occured at.                                       | M, from the causes                  | and on the    | date state      | d above   |  |
|   | 22e. SIGNATURE               | Lorendo)   | M).                              | M.D. ATTENDING PHYS.  | MED. STAFF PHYS.                    |               | 14/             | 20/62     |  |
|   | 22c. PHYSICIAN'S             | )  |                                  | 22d. ADDRESS  | V.T.A. D.D. A.C.D.                  |               |                 |           |  |
| -   |                              | SEBASTIAN RUS  |                                  | VAH FT HO   |                                     |               |                 | 1         |  |
| -   | REMOVAL (Specify<br>Burial   | TION, 236. DATE THEREOF                                      | 23c. NAME OF CEMETER             |   | 23d. LOCATION (City, to             | wn or county) | (5              | tete)     |  |
|   | Burial                       | April 23,1   | 962 Washington (                 |   | Hurlock, Ma                         | -             |                 |           |  |
| 1   | 24 FUNERAL DIRECTO           | R'S SIGNATURE  | ADDRESS                          |   | C'D BY REGISTRAR 256. RE            |               |                 |           |  |
|   | J.J.Framp                    | tom and Son. F   | ederalsburg, Man                 | ryland DATEAL   | PR 2 3 '62   Ch                     | Ilour S. Th   | MA              |           |  |
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|--|-------|---------------|--|--|----------------|----------------------------------|------------|--------------------------|----------------------|------------------|------------------|-------------------------------|
| h 7070   |       |               | DIVISION                                 | 4256   | L RESEA        | CERTIFIC                         | ATE C      | OF DEATH                 | N STREET, BA         | ALTIMORE         | 1, MARY          | 1253                          |
| funeral should   | M     | 1. 1          | LACE OF DEATH                            | 1  |                |                                  | 2.         | USUAL RESIDEN            | CE (Where deceas     | b. COUNTY        | itutlon: Resider | nce before admission)         |
| ours<br>the fu   |       | , ,           |  | imore  |                | MARYLA                           | ND         | Mary                     | land                 |                  | Carro            |                               |
| by the   | (0)   | 1             | CITY OR TOWN (i                          | if outside corporete lim<br>give nearest town) | its,           | c. LENGTH OF STAY I              | N 1b       | c. CITY OR TOWN          | If outside corporete | limits, write RI | JRAL end give    | neerest town)                 |
| 4 0 E  |       |               |  |  |                | pital, give street address)      |            | Tane                     | ytown                |                  | 06X.             | 2                             |
| illed Sages rs aff   | 12    |               | I. NAME OF HOSPI                         | TAL OR INSTITUTION                             | (if not in hos | pital, give street address)      |            | d. STREET ADDRESS        |                      |                  |                  | e. IS RESIDENCE<br>ON A FARM? |
| N fi   |       |               | Rose                                     | wood State                                     | Train          | ing School                       |            | Rout                     | e 2                  | Month            | Day              | YES NO Year                   |
| utec<br>lete   |       |               | NAME OF<br>DECEASED                      | First  |                | Middle                           |            | Last                     | OF<br>DEATH          |                  |                  | 40                            |
| omp<br>omp   |       |               | (Type or print)                          | Mic  | hael           | Eugene                           | I 0 DA     | HYSER<br>TE OF BIRTH     |                      | April            | UNDER 1 YEAR     |                               |
| o but course   | 13.00 | 5.            | SEX                                      | 6. COLOR OR RACE                               |                |                                  |            | 8/12/61                  |                      | t birthday) N    | onths Days       | Hours Min.                    |
| n ar<br>e ca<br>ent,   | 13.1  | 10a           | Male                                     | White  | WIDOWE         | D DIVORCED IND OF BUSINESS OR IN |            | I. BIRTHPLACE (Cour      | nty & State, or fore | gn country)      | B   B            | OF WHAT COUNTRY?              |
| iffica<br>sicia<br>nove  |       |               |  | orking life, even if retire                    |                | none                             |            | Gettysbur                |                      |                  |                  | .S.A.                         |
| phy:   |       | 13.           | FATHER'S NAME                            | CITO   |                | Hone                             | 14.        | MOTHER'S MAIDEN          |                      | TAGILLA          |                  |                               |
| ing ing  | T     |               |  | roy Hyser                                      |                |                                  |            | Betty Fog                | le (Hyse             | r)               |                  |                               |
| an pl  | 1)    |               | WAS DECEASED EV                          | ER IN U.S. ARMED FO                            |                | SOCIAL SECURITY NO.              | 17. INFO   |                          | ,20 (1-5)            | Address          |                  |                               |
| the The  |       | (Ye           | s, no, or unkown) (l                     | If yes give war or dates of                    | service)       | none                             |            | Rosewood                 | Records.             | Owings           | Mills.           | Maryland                      |
| that<br>the<br>the<br>iit.   |       |               |  | DEATH [Enter only on                           | e ceuse per    | line for (e), (b), and (c).]     | -          |                          | ,                    | -                | IIN              | TERVAL BETWEEN                |
| ires<br>sicia<br>I by<br>serm  |       |               | PART I. DEAT                             | TH WAS CAUSED BY:                              | no             | peratis                          | m.         | brews                    | nume                 | a                |                  | Ino days                      |
| equ<br>sit p<br>on,  |       |               | 752                                      | X DUE TO                                       |                | 1004                             |            | 111                      | 1                    |                  |                  | 1. 60                         |
| n signation of transmati   |       |               | Conditions, if any                       | y, which ) (b                                  | , Ich          | hnatus                           | n          | at to                    | 786                  | 7                | /                | ing ans                       |
| endi<br>endi<br>beel<br>rial-<br>cre   |       |               | gave rise to immed<br>(e), stating the u | DITE TO  |                | IId.                             | - 6 - 7 4  | D. C. V.                 |                      |                  |                  |                               |
| has<br>has<br>bud<br>rial,   |       |               | cause last.                              | 17 ) (c  | )              | Hydroce                          | 7          |                          |                      |                  |                  |                               |
| AN AN all or after s the   | 0     | NO.           | PART II. OTHE                            | R SIGNIFICANT COND                             | ITIONS CO      | TRIBUTING TO DEATH               | BUT NOT RE | LATED TO THE TERM        | INAL DISEASE CON     | IDITION GIVEN    | IN PART 1(a)     | PERFORMEDI                    |
| Spit<br>Tiffic<br>Se a   |       | CAT           |  | tydroce  | phe            |                                  | unin       |                          | 19px                 | Por              | 16               | YES NO                        |
| ho ho  |       | CERTIFICATION | 20a. ACCIDENT W<br>OR CONTRIBUTING       | VAY UNDERLYING DEATH Y MEDICAL EXAMINER        | 20b. DE        | CRIBE HOW INJURY OC              | CURED. (En | iter nature of injust in | Part I gr Part II of | rem ro.,         |                  |                               |
| at the state of th |       |               |  |  |                | INJURY OCCURRED   2              | O. DIACE C | DE INTIDO (Home for      | m. ' 20f. (City or   | town)            | (County)         | (State)                       |
| Affer Affer Affer He   |       | WEDICAL       | 20c. TIME OF INJU<br>Hour e.m.           | URY Month, Day, Y                              | Whil           | eNot While                       | factory,   | street, office bldg., et | c.)                  | 104111)          | (400)            | (61210)                       |
| NDI<br>Bined<br>R: A<br>deta<br>deta   |       | ME            | p.m.                                     | 19   | et wo          |                                  | . ,        | a libril                 | 10/2                 | 20 6h            | 1006             | 1 -1 (1) (1-1) 1-1            |
| Pe Cod   |       |               | 21. I certify                            | that (I) (this hosp                            | oital) atter   | ided the deceased                | from       | 1 4                      | 19772 to             |                  |                  | that (I) (we) last            |
| AT AT DIRECT S should be State D   |       |               | saw the decea                            | ised alive on                                  |                | 1960 Zano                        | d that de  | ath occured ale          | M, from fr           | ie causes al     | nd on the c      | 22b. DATE                     |
| DIA Sh   |       |               | 220. SIGNATURE                           | 1 4 13   | utter          | 1700 601                         | M.D.       | ATTENDING PHYS.          | MED.<br>DIRECTOR     | STAFF<br>PHYS.   | 200/             | el 6 2 SIGNED                 |
| ERAL<br>page 4<br>page<br>with th  |       |               | 22c PHYSICIAN'S                          | 7 / 100  | 7              | Price                            | W.D.       | 22d. ADDRESS             |                      |                  | 1                |                               |
| Pag<br>ER,<br>Pag<br>with  | 1     |               | NAME (Type                               | Harry G.                                       | Butl           | er                               |            |                          |                      |                  |                  |                               |
| HOSPITAL<br>Path. Page 4<br>FUNERAL<br>rector, page 5  |       | 23            | BURIAL, CREMAT                           | TION, 23b. DATE TH                             |                | 23c. NAME OF CEM                 | ETERY OR   | CREMATORY                | 23d. LOCATIO         | ON (City, town   | or county)       | (State)                       |
| death. TO FU directe   | . 0   | 0             | Burial                                   | Aprail 2                                       | 22. 19         | 62 Pinev G                       | reek F     | Presbyteri               | an Cem. T            | anevto           | n. Car           | roll. Md.                     |
| VR A15 (4)   | Pa    | 24            | FUNERAL OHELLO                           | R.S. KINKINE D                                 | -              | ADDRESS                          | (          | 25a. RI                  | EC'D BY REGISTRA     | R 25b. REGI      | STRÁR'S SIGN     | ATURE                         |
| 15M 9/60   | Y     |               | (00) 1                                   | uss Hon  | 7 5            | aneytoris                        | y me       | Cel DATE                 | PR 2 3 '62           | (-)              | ton & the        | all                           |
|  |       |               | 175                                      |  |                |                                  |            |                          |                      |                  |                  |                               |

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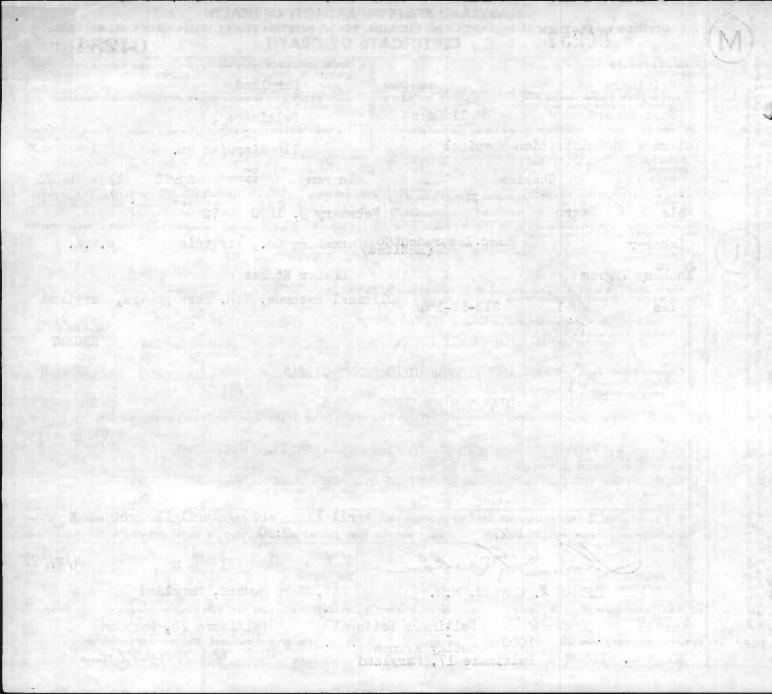
### MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04254 04254

|                        |  |            |                                |                         |             |                   |                                 | -             | 40-       |                |
|------------------------|--|------------|--------------------------------|-------------------------|-------------|-------------------|---------------------------------|---------------|-----------|----------------|
| 1. PLACE OF DEA        | ATH  |            |                                | 1                       | ESIDEN      | CE (Where de      | ceesed lived, If                |               | idence be | tore edmission |
| Baltim                 | ore  |            | MARYLAND                       | a. STATE                | Mar         | yland             | b. COUN                         |               |           | J              |
|                        | N (if outside corporate limits,                                      |            | c. LENGTH OF STAY IN 16        | c. CITY OR              |             | 0                 | orate limits, write             | RURAL end g   | ive neere | st town)       |
| Fort H                 |  |            | 11 Days                        |                         | Bal         | timore            | 2                               |               | 3 V       | 01.4           |
| d. NAME OF HO          | SPITAL OR INSTITUTION (if n  | ot in hos  | pitel, give street address)    | d. STREET               | ADDRESS     |                   |                                 |               | 0.        | IS RESIDENCE   |
|                        | Administration   | 1 Hos      | pital                          |                         | 716         | Aisqu             | ith St.                         |               | YE        | S NO X         |
| 3. NAME OF<br>DECEASED | First  |            | Middle                         | Last                    |             | 4. DATE           | Month                           | 1             | Dey       | Yeer           |
| (Type or print)        | Charl  |            | and and                        | Ingra                   |             | DEATH             | Apr                             |               |           | 19 62          |
| 5. SEX                 | 6. COLOR OR RACE 7.  | MARRIE     | NEVER MARRIED                  | B. DATE OF BIRTI        | Н           | 9.                | AGE (in years<br>last birthday) |               |           | NDER 24 HRS.   |
| Male                   | 2.7  | WIDOWE     |                                | February                | 3. 1        | .890              | 72 yrs.                         | Months De     | ys Ho     | urs Min.       |
|                        | PATION (Give kind of work  | 1Db. KI    | ND OF BUSINESS OR INDUS        |                         | - 0         |                   | foreign country)                | 12. CITIZE    | N OF WH   | AT COUNTRY     |
| Laborer                | working life, even if retired)                                       | Elec       | .InstrumentC                   | Lunenb                  | urg C       | o., Vi:           | rginia                          |               | U.S.      | 1.             |
| 13. FATHER'S NAM       | E  |            | 120000                         | 14. MOTHER'S            | MAIDEN      | NAME              |                                 |               |           |                |
| Anthony                | Ingram   |            |                                | Hest                    | er St       | okes              |                                 |               |           |                |
|                        | EVER IN U.S. ARMED FORCE   | rice)      | 8-10-1846                      | informant<br>Linical Re | ecord       | ls, VAH           | , Fort                          | Howard,       | Mary      | yland          |
| IB. CAUSE O            | F DEATH [Enter only one ca   | use per li | ne for (e), (b), end (c).      |                         |             |                   |                                 | -             | INTÉRVA   | L BETWEEN      |
|                        | EATH WAS CAUSED BY: IMMEDIATE CAUSE (e)                              |            | IONARY EDEMA                   |                         |             |                   |                                 |               |           | CENT           |
| 1                      | 7 0  | 7 0331     | TOTALLET THEFT                 |                         |             |                   |                                 |               | \$ WILL   | 20114          |
| Conditions,            | ny, which (b)  | ARTE       | ERIOSCLEROTIC                  | HEART DI                | SEASE       | C                 |                                 |               | UN        | KNOWN          |
| gave rise to imr       | > DHE TO   |            |                                |                         |             |                   |                                 |               |           |                |
| (e), steting the       |  | DTAF       | BETES MELLITUS                 | 5                       |             |                   |                                 |               | IIN       | KNOWN          |
|                        | (c)<br>THER SIGNIFICANT CONDITION                                    |            |                                |                         | HE TERMIN   | VAL DISEASE       | CONDITION GIV                   | EN IN PART 1  |           | AS AUTOPSY     |
| 2                      | THE STOTALLE COLDING   | 7143 2014  | TRIDOTING TO DEATH BOT         | NOT KEENTED TO T        | TIE TERMIN  | THE DISENSE !     | CONDITION ON                    | EN INTERNET   |           | PERFORMED?     |
| 3                      |  |            |                                |                         |             |                   |                                 |               | YES       | K NO           |
| OR CONTRIBUTI          | WAS UNDERLYING   2<br>ING   CAUSE OF DEATH<br>(IFY MEDICAL EXAMINER) | Ob. DES    | CRIBE HOW INJURY OCCUR         | ED, (Enter nature of    | injury in l | Pert I or Pert II | of item 1B.)                    |               |           |                |
| 3 20c. TIME OF I       | NJURY Month, Day, Year   | 1 20d. I   | NJURY OCCURRED   20e. P        | LACE OF INJURY (        | Home, farm  | 1, 1 20f. (City   | or town)                        | (County       | ()        | (State)        |
| 20c. TIME OF I         |  | While      | TAOL ALIIIIA                   | actory, street, office  | bldg., etc. | .)                |                                 |               |           |                |
|                        | m. 19  | et worl    |                                |                         | ,           | 1                 |                                 |               |           |                |
|                        | y that XI) (this hospital  |            |                                |                         |             |                   |                                 |               |           |                |
| saw the dec            | eased alive on April   | L27        | 19.62., and th                 | at death occur          | ed at 9.    | 3.94 from         | the causes                      | and on the    | date s    | tated above    |
| 22e. SIGNATU           |  | 7          | 2                              | ATTENDIN                |             | MED.              | STAFF                           |               |           | 22b. DATE      |
| 6                      | Thomas   | ZU         | ralian                         | M.D. PHYS.              |             | PIRECTOR [        | PHYS.                           |               |           | 4/27/62        |
| 22c. PHYSICIA          |  | 1          |                                | 22d. ADD                | RESS        |                   |                                 |               |           |                |
| NAME (T                | THOMAS F. (  | CRAHA      | N, M.D.                        | VAH,                    | Fort        | Howard            | d, Mary                         | Land          |           |                |
| 23a. BURIAL, CREM      | ATION, 236. DATE THEREC  | )F         | 23c. NAME OF CEMETER           | Y OR CREMATORY          |             | 23d. LOCA         | TION (City, to                  | wn or county) |           | (Stete)        |
| Burial                 | 3-2-6  | 2          | Baltimore Na                   | ational                 |             | Baltin            | more 28                         | Maryl         | and       | 344            |
| 24 FUNERAL DIREC       | TOR'S SIGNATURE 10   | 000 E      | APDRESS A.                     |                         | 25a. REC    | D BY REGIST       | 1                               | GISTRAR'S SIC |           |                |
| ELROY O                | . WILSON Ba  | ltim       | rantley Avenu<br>ore 17, Maryl | and                     | DATE        | MAY 1 '           | 62                              | arthur S.     | Kraus     |                |
|                        |  |            |                                |                         |             |                   |                                 |               |           |                |

TO HOSPITAL MAY be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be filed by the trior to burial, cremation, or removal, and in any eyent, within 72 hours effer death.

VR A15 (4) 1SM 7/61



VS A15 (4) 15M 9/5B

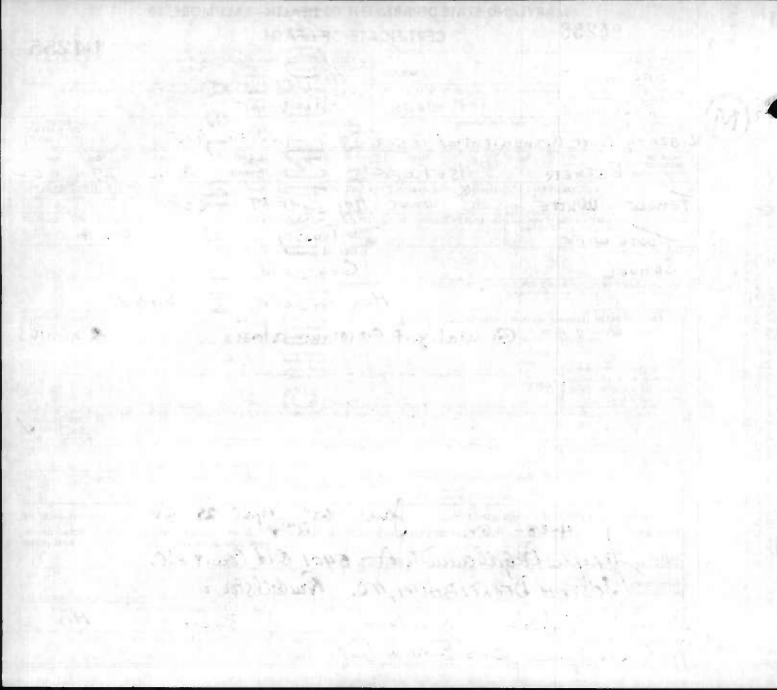
|      | 1 | 2    |  |
|------|---|------|--|
|      | 1 | X    |  |
|      |   | N    |  |
| vith |   | - 19 |  |

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| EDTI | <b>FICA</b> | TE ( | OE. | DEA | TU |
|------|-------------|------|-----|-----|----|
|      | LICH        |      |     | DEM |    |

|               | 0 1 10 0  | CEKTIFICA                               | IE OF DEATE   |                               | Reg. Dist. No. 195  | 5              |
|---------------|---|---|---|-------------------------------|---|----------------|
| 1.            | PLACE OF DEATH O. COUNTY BALTIMORE  | MARYLAND                                | 2. USUAL RESIDENCE (Who. STATE                              | b. COUN                       | itution: Residence before admission)  | 0              |
|               | b. CITY OR TOWN (If outside corporate limits, write<br>RURAL and give nearest town)   | c. LENGTH OF STAY IN 16                 |   |                               | te RURAL and give nearest town)   |                |
|               | (rockdaLE   | I WEEK                                  | BALTIM  | ore                           | 3101.4  |                |
| 1             | d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION IBERTY COURT REHABILIT  | 10                                      | 5417 LYN  | VIEW AUE                      | e. IS RÉSIDEN<br>ON A FAR<br>YES NO   | RM?            |
| 3.            | NAME OF DECEASED (Type or print) ESTHER   | ISEKOFF                                 | Lost  | OF                            | Month Day Year RIL 29 19  | ,              |
| 5.            | SEX 6. COLOR OR RACE 7. MARR  |   | May 5, 18   | 9. AGE (In ye lost birthdo    |   | 4 HRS.<br>Min. |
| 100           | usual Occupation (Give kind of work done 10b. during most of working life, even if retired)   | KIND OF BUSINESS OR INDUST              | RY 11. BIRTHPLACE (Stote                                    | or foreign country)           | 12. CITIZEN OF WHAT COUN  | NTRY?          |
| 13.           | FATHER'S NAME   | 100000000000000000000000000000000000000 | 14. MOTHER'S MAIDEN N                                       | IAME                          |   |                |
|               | SAMUEL  |   | GERTRUCK  | = /                           |   |                |
|               | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)   | ,                                       | FORMANT   |                               | Address<br>SPHE   | Tu.            |
| =             | 1B. CAUSE OF DEATH [Enter only one cause per lin  | M/                                      | ax ISEKOF   | 1-                            | INTERVAL BETWE  | EENI           |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (c) | neralized E                             | ercenoma  | toses                         | ONSET AND DE  | 14s            |
| CERTIFICATION | PART 11. OTHER SIGNIFICANT CONDITIONS C   | CONTRIBUTING TO DEATH BUT I             | NOT RELATED TO THE TERMI                                    | NAL DISEASE CONDITION         | PERFORME  | OPSY<br>ED?    |
| CERTIFI       | 206. ACCIDENT WAS UNDERLYING   206. DESC<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)  | CRIBE HOW INJURY OCCURRED               | (Enter noture of injury in I                                | Port I or Port II of item 18. |   |                |
| MEDICAL       | 20c, TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. 19 While of world   | Not while foct                          | CE OF INJURY (Home, form<br>ory, street, office bldg., etc. | 20f. (City or town)           | (County) (  | (Stote)        |
|               | 21. I certify that I attended the decease alive an ACTUAL SIGNATURE DEPLY DECEASE NAME (Type)   | bauman And North                        |   |                               | a.) That I last saw the dece<br>and an the date stated ab<br>yn, stote) DATE SI | bave.          |
| 220           | BERNOVAL (Specify) 5/1/1962   | 22c. HAME OF CEMETERY OR ROSE 4 9 6 6   |   | 22d. LOCATION (City, tov      | wn, or county) (State)  |                |
| 23            | FUNERAL DIRECTOR'S SIGNATURE  | 100 Eulaw (                             | DATE MA   |                               | EGISTRAR'S SIGNATURE Cirthun S. Kraug   |                |

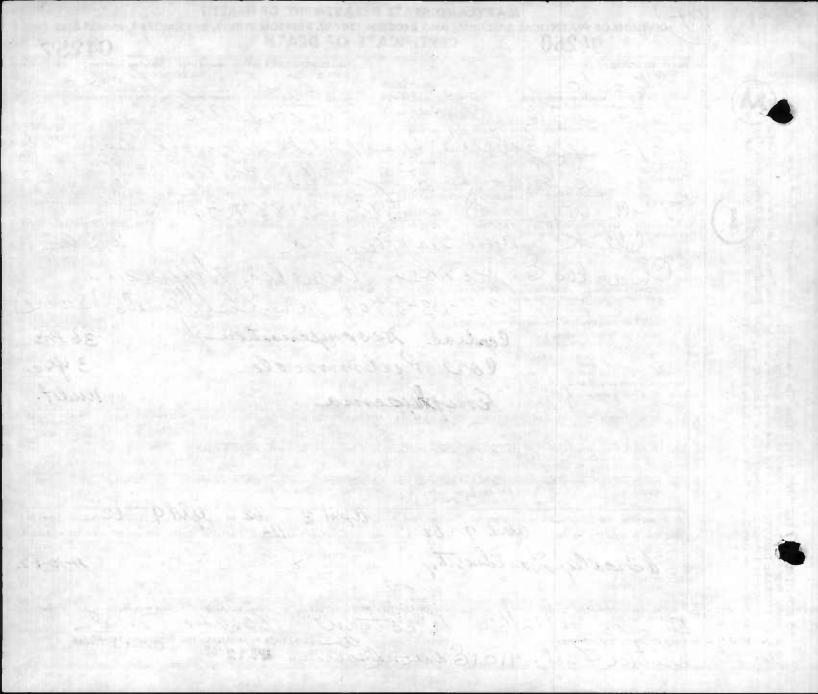


by the funeral hours after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing death. Page 4 A. be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours although the state Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours although the state Dept.

| 04260  | CERTIFICATE   | OF DEATH   | 0   | 4257  |
|--|---|--|---|---|
| b. CITY OR TOWN (if outside corporate limits, while RURAL and give nearest town)   | c. LENGTH OF STAY IN 16   | a. STATE  c. CITY OR TOWN (If outside corporate of the state)  | b. COUNTY Sel   | to.   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital or Institution (if not in hospital or Institution).  NAME OF THE PROPERTY OF THE PROPER | pital give street address)  Middle  | d. STREET ADDRESS  3/2  Last  4. DATE  | well aux  | e. IS RESIDENCE ON A FARM YES NO  |
| (Type or print)  | rd L. Ja  | COSS DEATH   | april 9.  | 196   |
| 5. SEX  Ale  6. COLOR OR RACE  7. MARRIEI  WIDOWE  100. USUAL OCCUPATION (Give kind of work   10b. Kl  | DIVORCED TO   |  | GE (In years IF UNDER 1 YEAR Months Days                              | Hours Min.  OF WHAT COUNTR'   |
| done during most of working life oven if retired)  | to . Gas + Elec   | . ma   | W LL  | Sa  |
| 3. FATHER'S NAME   | acobs !   | amelia 7   | Loffman   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (6. (Yes, no, or unkown) (If yes give wer or dates of service)   | 13-03-870   | 4-Murs. Els  | lacelos   | 15 ame  |
| 1B. CAUSE OF DEATH [Enter only one cause per limited part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  | ine for (a), (b), end (c).  | Impensation  |   | TERVAL BETWEEN NSET AND PEATH 36 MS                                     |
| DUE TO PO  | or Paul   | monale.  |   | 3 yes   |
| Conditions, if any, which (b)  | U U TITUE .   |  |   | - (/  |
| Conditions, if any, which gave rise to immediate cause  (a), stating the underlying cause last.  (c)   | mphysen   |  |   | undet.  |
| gave rise to immediate cause (a), stating the underlying cause last.  (c)  | mphysen   | ia   | NDITION GIVEN IN PART 1(a)  | 19. WAS AUTOPS' PERFORMED? YES NO                                       |
| gave rise to immediate cause (a), stating the underlying cause last.  (c)  | TRIBUTING TO DOTH BUT NOT RE  | ia   |   |   |
| gave rise to immediate cause (a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20e. ACCIDENT WAS UNDERLYING OPEN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | ATRIBUTING TO DATH BUT NOT RECEIVED. (En  | LATED TO THE TERMINAL DISEASE CO   | item 1B.)   | PERFORMED?  |
| gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m.  19  21. 1 certify that (1) (this hospital) attention  | ATRIBUTING TO DUTH BUT NOT RECEIBE HOW INJURY OCCURED. (En Satisfactory, Not While et work ded the deceased from)   | LATED TO THE TERMINAL DISEASE CO   | item 1B.) town) (County)  | YES NO (State)  that (1) (we) late stated above                         |
| gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20e. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m.  19  21. 1 certify that (i) (this bospital) attentions  | ATRIBUTING TO DUTH BUT NOT RECEIBE HOW INJURY OCCURED. (En Satisfactory, Not While et work ded the deceased from)   | DE INJURY (Home, farm, 20f. (City or street, office bldg., etc.)  The property of the property | item 1B.) town) (County)  | YES NO (State)  |
| gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20e. ACCIDENT WAS UNDERLYING CONDITIONS CONDITIONS CONTO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While of word  21. I certify that (1) (this hospital) attentions were deceased alive on contributions as we the deceased alive on contributions.  22e. SIGNATURE  22c. PHYSICIAN'S  | ATRIBUTING TO DOTH BUT NOT RECEIVED. (English How Injury Occurred. (English How While and Injury Occurred.)  Injury Occurred 20e. PLACE of factory, and that declined the deceased from | LATED TO THE TERMINAL DISEASE CO   | item 18.)  town) (County)  April 9, 1962, he causes and on the county | PERFORMED? YES NO (State)  that (I) (we) Is late stated above 22b. DATE |

MARYLAND STATE DEPARTMENT OF HEALTH



by the funeral TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 4 may be retained by the hospital or attending physician.

Yet IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

50

3.

5. :

10a. don

15. (Yes

MEDICAL CERTIFICATION

23a.

24 FUNERAL DIRECTOR'S SIGNATURE

Elliott'Funeral Home

| DIVISION                                  |                                 |                | The second secon |        | EPARTMENT (  | ON STRI          |                        | ORE 1, M     | ARYLAN          | D .               |
|---|---------------------------------|----------------|--|--------|--|------------------|------------------------|--------------|-----------------|-------------------|
| U   | 6401                            |                | CERTIFIC   | AI     | E OF DEAT  | 16/62            | iwk                    | C            | 425             | 8                 |
| LACE OF DEATH                             | н                               |                | 11581-631  |        | 2. USUAL RESIDEN   |                  | deceased lived, If     |              | sidence before  | edmission)        |
| . COUNTY                                  | Baltimore                       |                | MARYLA   | NED.   | a. STATE Mary  | rland            | b. COUN                | TY           |                 | 100               |
| CITY OR TOWN                              | if outside corporate limit      | ts,            | c. LENGTH OF STAY I  |        | c. CITY OR TOWN (  |                  | orporate limits, write | RURAL end    | give neerest to | wn)               |
| write RURAL end                           | give nearest town)              |                |  |        |  |                  |                        | 2            | 1001            | ,1                |
| Fort H                                    | IOWard<br>TAL OR INSTITUTION (i | ( t !- b !     | L3 Day   | S      |  | imore            |                        | 9            | VUI -           | RESIDENCE         |
| . NAME OF HOSFI                           | TAL OK HASHIOHON (I             | r nor in nospi | iai, give street eddress)  |        | d. STREET ADDRESS  |                  |                        |              |                 | A FARM?           |
| Vetera                                    | ns Administ                     | ratio          | Hospital   |        |  |                  | yette Ave              |              | YES [           |                   |
| NAME OF<br>DECEASED                       | First                           |                | Middle   |        | Last   | 4. DATE          | Month                  |              | Dey Yo          | 10:               |
| Type or print)                            | FLE                             | ETCHER         | (NMI)  |        | JACOBS   | DEAT             | TH APRI                | IL 9         | 1               | 62                |
| SEX                                       | 6. COLOR OR RACE                | 7. MARRIED     |  | 7   8. | DATE OF BIRTH  |                  | 9. AGE (In years       | IF UNDER 1 Y |                 | ER 24 HRS.        |
| Male                                      | Colored                         | WIDOWED        |  | 7      | 11/27/05   |                  | 56 vrs.                | Months De    | ys Hours        | Min.              |
| USUAL OCCUPAT                             | ION (Give kind of work          | 10b. KIN       | D OF BUSINESS OR INT   | DUSTRY |  | nty & State.     | 1 2 -                  | 12. CITIZI   | EN OF WHAT      | COUNTRY?          |
| e during most of wo                       | orking life, even if retire     | d)             |  |        |  |                  |                        |              |                 |                   |
| Janitor FATHER'S NAME                     |                                 | Hubb           | er Tire Co   | •      | Live Oak,  |                  | lda                    | U.S          | .A.             |                   |
|   |                                 |                |  |        |  |                  |                        |              |                 |                   |
|   | bert Jacobs                     |                |  |        | Cora   | Bush             |                        |              |                 |                   |
|   | ER IN U.S. ARMED FOR            |                | OCIAL SECURITY NO.   | 17. I  | NFORMANT   | 3                | Address                | 1112         |                 |                   |
| Y es                                      | WW II                           |                | -10-0077   | Cli    | n.Rec. VAH.  | Fort             | Howard. M              | fary lan     | d               |                   |
| B. CAUSE OF D                             | DEATH [Enter only one           | cause per lin  |  |        |  |                  |                        | J must       | INTÉRVAL E      |                   |
|   | H WAS CAUSED BY:                | M              | YOCARDITIS   |        |  |                  |                        |              | ONSET ANI       | DEATH             |
| HAM                                       |                                 |                |  | -      |  |                  |                        |              |                 |                   |
| Tolok                                     | DUE TO                          |                |  |        |  |                  |                        |              |                 |                   |
| Conditions, if eny<br>gave rise to immedi |                                 |                |  |        |  |                  |                        |              |                 |                   |
| (a), steting the u                        | P DITE TO                       |                |  |        |  |                  |                        |              |                 |                   |
| cause last.                               | (c)                             |                |  |        |  |                  |                        |              |                 |                   |
| PART II. OTHER                            | R SIGNIFICANT CONDIT            | TIONS CONT     | RIBUTING TO DEATH B  | UT NO  | T RELATED TO THE TERMI                                     | NAL DISEAS       | E CONDITION GIV        | EN IN PART 1 | (e) 19. WAS     | AUTOPSY<br>ORMED? |
| Hyposta                                   | atic Bronche                    | opneum         | onia, right  | : F    | heochromocy  | toma 1           | eft adre               | nal          | YES X           | NO [-]            |
| 20e. ACCIDENT W                           | AS UNDERLYING                   |                |  |        | (Enter nature of injury in                                 |                  |                        |              | Las             |                   |
| OR CONTRIBUTING                           | CAUSE OF DEATH                  |                |  |        |  |                  |                        |              |                 |                   |
|   |                                 | 1 204 1        | IN MY OCCUPATED 1 20   | - DI 4 | CE OF INITIDY (Name for                                    | . 1 206 10       | Tity on town)          | (Court       | w1              | (Stete)           |
| 20c. TIME OF INJU                         | JRY Month, Day, Yes             | While          | Not While  |        | CE OF INJURY (Home, farr<br>ory, street, office bldg., etc |                  | City or town)          | (Count       | 71              | (31616)           |
| p.m.                                      | 19                              | et work        | et work  |        |  |                  |                        |              |                 | C                 |
| 21. I certify t                           | that (I) (this hospit           | al) attende    | ed the deceased f  | rom    | 3/27   | 1902 1           | 0 4/9/                 | , 19.6       | 2, that (1)     | (we) last         |
| saw the deceas                            | 11                              |                |  |        | death occured et   | 5 AM fro         |                        |              |                 |                   |
| 22a. SIGNATURE                            | D 1                             |                | ,,   |        |  |                  |                        |              |                 | b. DATE           |
| -   | 11 Daly                         | ~              | 2 11   | A      | BUNC   | MED.<br>DIRECTOR | STAFF X                |              | h               | /10/62            |
| 22c. PHYSICIAN'S                          | 4                               |                |  | M.     | 22d. ADDRESS   |                  |                        |              | 7               | 10/02             |
| NAME (Type)                               |                                 | RIISSO         | MD   |        | 9  | SPITA            | L. FORT H              | OWARD.       | MARYL           | AND               |
|   |                                 |                |  |        |  |                  |                        |              |                 |                   |
| BURIAL, CREMATI                           | ION, 23b. DATE THER             | _              | 23c. NAME OF CEME  |        |  | 23d. LC          | CATION (City, to       |              |                 | (Stete)           |
| Burna                                     | 4/13/6                          | C /            | Ral timore   | No No  | ti onal  | 100              | Baltimo                | re. Mai      | ry land         |                   |

25a. REC'D BY REGISTRAR

DAPR 1 1 '62

25b. REGISTRAR'S SIGNATURE

Carling S. Times

1129 N. Caroline St. Baltimore, Maryland

5 (4)

STREET, THE RESTRICTION OF COMMENCE OF THE PROPERTY OF THE PRO Minoral waters and a contract to Very property of the Assessment of the Contract of the Contrac DESCRIPTION OF THE PROPERTY OF med seem , manch army and a seem alone 1700 med at 178 CTURAGE CON MICH. Eggestatic Strong remarks, algebra Pheochromocybons Lette adrenal WALDER GRAVON TROM LATTERON AV T. A. H. JOSEUR KATTEAKER 101

. IS RESIDENCE ON A FARM? YES

19

Hours

ONSELAND DEATH

WAS AUTOPSY

PERFORMED? NO 1

(Stata)

22b. DATE

SIGNED

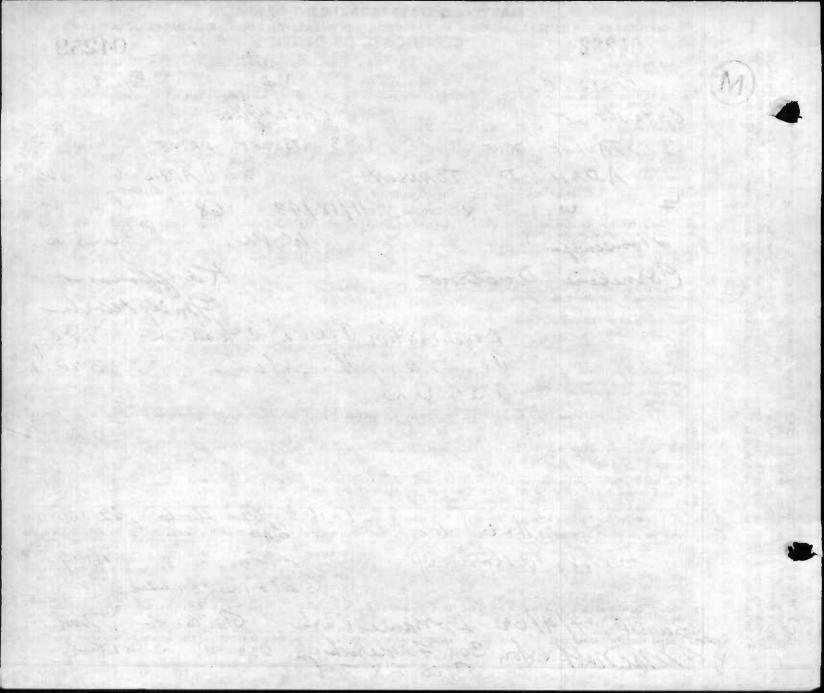
Days

(County)

IF UNDER 24 HRS

DESTRUCTION OF THE PROPERTY OF CONTRACTOR OF THE PARTY OF THE COTENSO PER SERVICE SE AND THE STATE OF T HOLL KENNET SHEETEN The same that the same of the the state of the state of the state of the state of March - Corner pour 1940 Cregion Retries Section FLAT -General and ask sugar 43 633 They are they are april 27 - 64 1936 838 -lot resolvents ) wether bee Fort 6 duter ace Colored 25 to 4-19-68 Server of the 19-19-19 The test of the said of the said of the said of the

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva naarast town) TONSVILLE TONGVILLE hours after Pages a. IS RESIDENCE filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? STANLET YES NO papers. n 72 ho completely Dev NAME OF Middle OF DECEASED (Typa or print) OHNSON DEATH 19 and cor withi 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if ratirad) mouniste 14 MOTHER'S MAIDEN NAME please 13 FATHER'S NAME attending F Then please \_ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes givawar or dates of service the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: 201 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? as 0 NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) Hour a.m. Whila Not While at work at work DIRECTOR: 6 ..... 196 Zthat (1) (we) last -6 162 and that death occured 6.1M, from the causes and on the date stated above. saw the deceased alive on....... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D death. Page 4 reformed in file of the death. 22d. ADDRESS ZZc. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) H 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04260

| 1. PLACE OF DEATH  e. COUNTY  | •                               |   | CE (Where deceased lived, If       |                    | nce before edmiss | sion) |
|---|---------------------------------|---|------------------------------------|--------------------|-------------------|-------|
| Baltimore   | MARYLAND                        | •. STATE Maryla:  | nd b. coor                         | Baltir             | nore              |       |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)                      | c. LENGTH OF STAY IN 16         | c. CITY OR TOWN   | If outside corporate limits, writ- | RURAL and give     | nearest town)     |       |
| Baltimore   |                                 | ^ Catons  | ville                              |                    |                   |       |
| d. NAME OF HOSPITAL OR INSTITUTION (if not i  |                                 | d. STREET ADDRESS   | 1. 2 A                             | . //00             | ON A FAR          | RM?   |
| Fright Care and Nursing H   | ome                             |   | eechwood Avenu                     |                    | YES NO            |       |
| 3. NAME OF First DECEASED   | Middle                          | Last  | 4. DATE Month                      | h Dey              | Yeer              |       |
| (Typa or print) Alfred  | Jone                            |   | DEATH April                        | 13,                | 19 62             |       |
| 5. SEX 6. COLOR OR RACE 7. MA   | ARRIED NEVER MARRIED 8          | . DATE OF BIRTH   | 9. AGE (In years last birthdey)    | Months Devs        | Hours Mi          |       |
| Male White WID  | OWED TO DIVORCED S              | ept. 23, 188  |                                    | Months Deys        | Hours Mil         | 161.  |
|   | DE. KIND OF BUSINESS OR INDUSTR |   |                                    |                    | OF WHAT COUN      | ITRY? |
| Retired Carpenter   |                                 | Scran   | ton, Pa.                           | USA                |                   |       |
| 13. FATHER'S NAME   |                                 | 14. MOTHER'S MAIDEN                                       | NAME                               |                    |                   |       |
| John S. Jones   |                                 | Margar  | et ?                               |                    |                   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   | 16. SOCIAL SECURITY NO. 17.     | NFORMANT  | Address                            | 6                  |                   |       |
| (Yas, no, or unkown) (Ifyesgivewerordetesofservice)   | 310 00 03 00 Mm                 | Dahamt A I  | ones-1 South B                     | anahunnd           | Arro              |       |
| No  |                                 | modert A. J   | ones-1 South E                     |                    |                   |       |
| 18. CAUSE OF DEATH [Enter only one ceuse PART I, DEATH WAS CAUSED BY:                                 | per line for (e), (b), and (c). |   |                                    |                    | TERVAL BETWEEN    |       |
| Conditions, if eny, which geve rise to immediate cause (a), stating the underlying DUE TO cause last. | AR FERIOSO                      | ARRICE  | e UP.                              |                    |                   |       |
| 141   | CONTRIBUTION OF STATE BUT NO    | Y OF A TED TO THE TENT                                    | NAL DISEASE CONDITION GIV          | /ENLINI DADT 1/all | 10 WAS ALITON     | DCV   |
| PART II. OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING TO DEATH BUT NO    | DI KELATED TO THE TERMI                                   | NAL DISEAS CONDITION GIV           | EN IN PART I(0)    | PERFORMED         |       |
| IV.   |                                 |   | The Salt Plant                     | 11477              | YES NO            |       |
| OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                                   | DESCRIBE HOW INJURY OCCURED     | . (Enter neture of injury in                              | Pert I or Pert II of item 18.)     |                    |                   |       |
| Hour a.m.   |                                 | CE OF INJURY (Home, fer<br>ory, street, office bldg., etc |                                    | (County)           | (Stete            | в)    |
| 21. I certify that (I) (this hospital) a  | ttended the deceased from       | 111   | 196/ to 11/                        | 15 19/2            | that (I) (we)     | las   |
|   |                                 |   |                                    |                    |                   |       |
| 22e. SIGNATURE  | 10                              |   |                                    |                    | , 22b. DA         |       |
|   |                                 | DUING IF  | MED. STAFF                         |                    | SIG               | SNED  |
| POTAM ISTE  | + Clevery M                     | 1.0.  | DIRECTOR PHYS.                     |                    | 4/12/             | 10    |
| 22c. PHYSICIAN'S<br>NAME (Type)   | 0.6                             | 22d. ADDRESS  |                                    |                    | 1/10/6            |       |
| JOHN B.   | JUHU M                          |   | EMMENUSia,                         |                    | 114-28            | A     |
| 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify)   | 23c. NAME OF CEMETERY           |   | 23d. LOCATION (City, to            |                    | (Stete)           |       |
| Removal 4-14-62   | Washburn Str                    | eet Cemetery  | Scranton, Pe                       |                    |                   |       |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS A                       |   | C'D BY REGISTRAR 25b. RE           | GISTRAR'S SIGNA    | ATURE             |       |
| win y sickner asons   | with & la une                   | 17, md.   |                                    |                    |                   |       |
|   |                                 | , 1,000   |                                    |                    |                   |       |

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15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04261

|   |   | 1 0 277                   | 371 1 m/2 61 2 5            | 17/67.4        | 9.5                                     |                  |                               |                  |                  |                      |
|---|---|---------------------------|-----------------------------|----------------|---|------------------|-------------------------------|------------------|------------------|----------------------|
| a. COUNTY   | Balto   | VEIII - C                 | MARYLAN                     | 0.             | STATE MO                                |                  | deceased livad, If<br>b. COUI | institution: Res | idence b         | efore admission)     |
| write RURAL end   | if outside corporata limit<br>d'give nearest town)<br>e River |                           | c. LENGTH OF STAY IN        |                | CITY OR TOWN                            | .,,,             | radshaw                       | e RURAL end g    | ive neer         | est town)            |
| d. NAME OF HOSP   | TAL OR INSTITUTION (  | not in hos                | pital, give street address) |                | STREET ADDRESS                          |                  |                               | 1                | a.               | . IS RESIDENCE       |
|   | 1 Nursing H   | ome                       |                             | 1              |   | इव्यं /भूग       |                               |                  | Y                | ES NO X              |
| 3. NAME OF<br>DECEASED                                  | First   |                           | Middle                      |                | Last                                    | 4. DATE          | Mont                          | h                | Day              | Yaer                 |
| (Type or print)   | Edit  |                           |                             | Jo             | nes                                     | DEAT             | 'н Ц                          |                  | 30               | 19 62                |
| 5. SEX  | 6. COLOR OR RACE  | 7. MARRIE                 | D NEVER MARRIED             | 1 8. DATE      | OF BIRTH                                |                  | 9. AGE (In years              | IF UNDER 1 YE    | AR IF            | UNDER 24 HRS.        |
| Female  | White   | WIDOWE                    |                             | 1 4-17         | -1879                                   |                  | last birthday)<br>yrs.        | Months De        | ys He            | ours Min.            |
| done during most of w                                   | ION (Give kind of work  | 10b. K                    | IND OF BUSINESS OR IND      | USTRY   11. B  | IRTHPLACE (Cou                          | unty & State, o  | or foreign country)           | 12. CITIZE       | N OF W           | HAT COUNTRY?         |
| Housew  |   | "                         | Housewife                   |                | Baltim                                  | ore Md           |                               | U                | SA               |                      |
| 13. FATHER'S NAME                                       |   |                           |                             | 14. MC         | OTHER'S MAIDEN                          |                  |                               |                  |                  |                      |
| Ur  | known Smith   |                           |                             | F14536         | Fai-                                    | th Unk           | n Own                         |                  |                  |                      |
|   | ER IN U.S. ARMED FOR  |                           | SOCIAL SECURITY NO.         | 17. INFORM     |   | OII OIIKI        | Address                       |                  |                  |                      |
|   | fyas give war or detes of se                                  |                           | None                        |                | arles J                                 | ones l           | 4214 E.                       |                  | oad              | (36)                 |
|   | H WAS CAUSED BY: IMMEDIATE CAUSE (a)                          | cause pool                |                             | 102            | elus                                    | un               | 1                             |                  | INTERV.<br>ONSET | AL BETWEEN AND DEATH |
| gave risa to immed<br>(e), steting the u<br>cause lest. |   |                           |                             |                |   |                  |                               |                  |                  |                      |
| PART II. OTHE   | R SIGNIFICANT CONDIT  | IONS CON                  | TRIBUTING TO DEATH BU       | JT NOT RELAT   | ED TO THE TERM                          | AINAL DISEAS     | E CONDITION GIV               | VEN IN PART 1    |                  | PERFORMED?           |
|   | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)               | 20b. DES                  | CRIBE HOW INJURY OCC        | URED. (Enter n | eture of injury in                      | n Pert I or Part | II of item 1B.)               |                  |                  |                      |
| ZOC. TIME OF INJU<br>Hour a.m.<br>p.m.                  | JRY Month, Dey, Yee   | r 20d.<br>While<br>at wor | Not While                   |                | IJURY (Home, far<br>t, office bldg., et |                  | ity or town)                  | (County          | ')               | (Stete)              |
| 21. I certify to  | 1_6/  | na                        | ded the deceased fr         | ./ .           | occured a                               | 13.0             | 14/30                         |                  |                  | (I) (we) last        |
| 22a. Standaruse   | Bunn  | Ga                        | duer                        |                | TENDING                                 | MED.<br>DIRECTOR | STAFF PHYS.                   |                  | 4/3              | 22b. DATE<br>SIGNED  |
| 22 PHYSICIAN'S<br>NAME (Type                            | G.M.Bac   | ing                       | ardner                      | 220            | 1 Jac                                   | eto .            | 6 m                           | ed               | /                |                      |
| 23a. BURIAL, CREMAT<br>REMOVAL (Specify)<br>Burial      | 5-3-196   | ,                         | Salem Metho                 |                | Counters                                | Br               | cation (city, to              |                  | Md               | (State)              |
| 24 FUNERAL DIRECTOR                                     | SIGNATURE   | OHL                       | ADDRESS 7471B               | Pour 4         | 258. JR                                 | EC'D BY REGI     | STRAR 25b. RE                 | 2 1              |                  |                      |
| - Jugar   | m Juning  | R P (H.)                  | 01 1011                     | Army &         | DATEM                                   | AI L             | 52   C                        | thur & To        | salla            |                      |

in the child the same that the same and Comment Bedendary March to condend the color from 5 to 2 The the state of t CAN BOLLMADIANO PARTE 6 DEL merchanism of a contract to the contract of th Later for the thing of the state of the same of the sa TO HOSPITAL (ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m37 be retained by the hospital or attending physician.

Yes IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove any event, within 72 hours after death.

|                        | MARYLAND      | STATE DEPA    | RTMENT OF    | HEALTH     | SCHOOL ST   | SACTORY. |
|------------------------|---------------|---------------|--------------|------------|-------------|----------|
| PIVISION OF STATISTICA | L RESEARCH AN | D RECORDS, 30 | 1 W. PRESTON | STREET, B. | ALTIMORE 1, | MARYLANI |
| 04255                  | CER           | TIFICATE C    | F DEATH      | 20247      |             | 04269    |

|         | PLACE OF DEATH   |                                     |            | •                            |        | 2. USUAL RESIDEN   | ICE (Where deceased lived, If      |   | sidence before    | admission)   |
|---------|--|-------------------------------------|------------|------------------------------|--------|--|------------------------------------|---|-------------------|--------------|
|         | Baltimore  | 9                                   |            | MARYLA                       | ND     | Maryland   |                                    |   |                   | 2            |
| b       | CITY OR TOWN (if   | outside corporata limits            | 3,         | c. LENGTH OF STAY I          | N 16   |  | If outside corporate limits, write | RURAL and                               | give neerest to   | wn)          |
|         | Fort How   | give nearest town)                  |            | 77 days                      |        | Baltimo  | re                                 |   | 31101             | 4            |
| d       |  |                                     | not in hos | spital, give street address) |        | d. STREET ADDRESS  |                                    | *************************************** |                   | RESIDENCE    |
|         | Veterans   | Administra                          | tion       | Hospital                     |        | 1733 Pa  | rk Avenue                          |   |                   | NO 1         |
|         | NAME OF<br>DECEASED  | First                               |            | Middle                       |        | Last   | 4. DATE Month                      | 1                                       | Dey Ye            | er           |
|         | Type or print)   | AIAN                                |            | R.                           | K      | ELLEY  | DEATH April                        | 26                                      | 5 19              | 62           |
| 5.      | SEX  | 6. COLOR OR RACE                    | 7. MARRIE  | D NEVER MARRIED              | 7   8. | DATE OF BIRTH  | 9. AGE (In years                   |   |                   | R 24 HRS.    |
| M       | lale   | White                               | WIDOW      |                              | D      | ecember 31,  | 1894 67 yrs.                       | Months De                               | ys Hours          | Min.         |
| 0a.     | USUAL OCCUPATH   | ON (Give kind of work               | 10b. K     | IND OF BUSINESS OR IN        | DUSTR  | Y   11. BIRTHPLACE (Cou                                    | nty & State, or foreign country)   | 12, CITIZ                               | EN OF WHAT        | COUNTRY?     |
|         | Machinist  | king life, even if retired          |            | val Gun Fact                 | ory    | Washi  | ngton, D. C.                       | USA                                     |                   |              |
| 3.      | FATHER'S NAME  |                                     |            |                              |        | 14. MOTHER'S MAIDEN  |                                    |   |                   | -            |
|         | Franklin l   | Kellev                              |            |                              |        | Mary Turn  | baugh                              |   |                   |              |
| 5.      | WAS DECEASED EVE   | R IN U.S. ARMED FOR                 |            | SOCIAL SECURITY NO.          | 17, I  |  | ical Records                       | VA Host                                 | oital             | -            |
| Yes     | Yes  | ves give war or dates of se<br>WWII |            | 12-03-4264                   |        | Fort Howard  |                                    |   |                   |              |
| T       |  |                                     |            | line for (e), (b), end (c).] |        | 1010 110 1101101   | , 11012 / 11012101                 |   | INTERVAL BI       |              |
|         |  | WAS CAUSED BY:                      | PUL        | MONARY INFAF                 | CTI    | ON   |                                    |   | ONSET AND<br>RECE | NT           |
|         | 420.0  | DUE TO                              |            |                              | 77.    |  |                                    |   |                   |              |
| 1       | Conditions, if eny,  |                                     | ARTI       | ERIOSCLEROTI                 | C H    | EART DISEAS  | 2                                  |   | UNKN              | OWN          |
|         | gave rise to immedia   | te cause                            |            |                              |        |  |                                    |   |                   |              |
| 4       | (a), stating the un  | derlying DUE TO                     |            |                              |        |  |                                    |   |                   |              |
| 2       |  | SIGNIFICANT CONDIT                  | IONS COR   | NTRIBUTING TO DEATH B        | UT NO  | T RELATED TO THE TERM                                      | NAL DISEASE CONDITION GIV          | EN IN PART 1                            | (a)   19. WAS     | AUTOPSY      |
| S       |  | EMPHYSEMA.                          |            |                              |        | MALACIA  |                                    |   | YES A             | ORMED?       |
| 1       | 2Da. ACCIDENT WA   |                                     | 20b. DES   |                              |        |  | Pert I or Pert II of item 18.)     |   | 1123              | 110          |
| 3       | OR CONTRIBUTING  | CAUSE OF DEATH                      |            |                              |        |  |                                    |   |                   |              |
| WEDICAL | 20c. TIME OF INJUR<br>Hour a.m.  |                                     | While      | eNot While                   |        | CE OF INJURY (Home, far<br>ory, street, office bldg., etc. |                                    | {Count                                  | у)                | (State)      |
|         | p.m. 19 et work et work  |                                     |            |                              |        |  |                                    |   |                   |              |
|         | 21. I certify that (t) (this hospital) attended the deceased from February 8, 1962, to April 26, 162, that (I)K (we) last saw the deceased alive on April 26 and that death occurred at 10:30, from the causes and on the date stated above. |                                     |            |                              |        |  |                                    |   |                   |              |
| -       | saw the decease  | d alive on                          |            | 19, and                      | inai   | dearn occured ar   |                                    | and on in                               |                   | b. DATE      |
| 1       | 220 SIGNATOR   |                                     | 750        | . 0                          |        |  | MED. STAFF DIRECTOR PHYS. A        | 1                                       | 1/26/62           | 21 40 A 1550 |
| 1       | 22c. PHYSICIAN'S   | roman                               | +          | rollan                       | M      | 22d. ADDRESS   | DIRECTOR THIS. ES                  |   | 7 - 5 / 5 -       |              |
|         | NAME (Type)  | THOMAS F. C                         | RAHA       | N, M. D.                     |        |  | . HOWARD, MARY                     | LAND                                    |                   |              |
| 3a.     | BURIAL, CREMATIC   | N, 23b. DATE THER                   | EOF        | 23c. NAME OF CEME            | TERY C | OR CREMATORY   | 23d. LOCATION (City, to            | wn or county)                           | (                 | State)       |
| 1       | Burial   | 4-30-6                              | 2          | Balto.                       | Na     | tional Cemet   | tery Balto.                        | Maryla                                  | nd.               |              |
| 24      | FUNERAL DIRECTOR   |                                     |            | ADDRESS                      | =30    |  | C'D BY REGISTRAR 256. RE           | GISTRAR'S SI                            | GNATURE           | Color.       |
|         | Wm.Cook I  | Blight Inc.                         | 6009       | Harford Rd                   | . B    | alto. LIDATE   | AY 2 162 C                         | Mhun S. 1                               | Kraus             |              |
| _       |  |                                     |            |                              |        |  | M                                  |   |                   |              |

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04265

CERTIFICATE OF DEATH

04263

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Whare daceesad livad, If institution, Rasidance bafora edmission)  |
|--|--|
| Baltimore Maryland   | a. STATE Mary land b. COUNTY   |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)                       | c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)   |
| Catonsville Lyrlmthódys  | Baltimore 3v01.4   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)                           | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |
| SPRING GROVE STATE HOSPITAL  | 131 Augusta Avenue   |
| 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Dey Year OF   |
| (Type or print) James Francis  | Kelly DEATH April 17 19 62   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  last birthday)   Months   Days   Hours   Min.   |
| male white widowed Divorced  | Nov. 12, 1885   76 yrs.  |
| done during most of working life, aven if rational)  | RY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| auditor B. & O. R.R.   | Maryland U.S.  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| James Kelly  | Maggie Ryan  |
| (Yas, no. or unkown)   (If yas giva warpr dates of sarvice)  | INFORMANT Address  |
|  | decords: SPRING GROVE STATE HOSPITAL   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (0) Acute coronary of  | clusion  |
| DUE TO   |  |
| Conditions, if any, which (b)  |  |
| (a), stating the underlying DUE TO   |  |
| cause lest. (c)  | A SALIZACIONE DE LA CONTRACTOR DE LA CON |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N                                      | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?   |
| O A SCIENT WAS INDEDIVING THE DOS OFFICE HOW INTHEN OCCUPA   | D. (Enter neture of injury in Part I or Part II of itam 18.)   |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                                    | D. (Enter nature of injury in rail to rail it of ham 16./  |
| 4  | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) ctory, street, office bldg., atc.)   |
| Hour e.m.  p.m.  19  Whila Not Whila et work et work   |  |
| 21. I certify that 10 (this hospital) attended the deceased from                                       | March 11, 71958, to April 1719.62 that (4) (we) last   |
| saw the deceased alive on April 17 19.62, and the  | at death occured at  |
|  | ATTENDING MED STAFF SIGNED   |
|  | M.D. PHYS. DIRECTOR PHYS. E 4-17-02  |
| 22c. PHYSICIAN'S NAME (Typa)   | 22d. ADDRESS SPRING GROVE STATE HOSPITAL   |
| Stella Wachsler, M. D.   | Catonsville 28, Maryland   |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)                      |  |
| BURIAL 4/19/62 CATHEDRAI   |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| H. W. MEARS & SON 805 N. CALVER  | T ST. DATAPR 23 '62   Orthur S. Krous  |

| 3   | E  | 4   |  | Ŋ  |   |
|---|--|---|--|--|---|
| rours after   |  | by the funeral  | and 2 should   | death.   | 1 |
| HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frouts after | eath. Page 4 may be retained by the hospital or attending physician. | PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral | streetor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should | be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. |   |
| IOSPITAL & ATTENT   | th. Page 4 may be retained   | UNERAL DIRECTOR   | ctor, page 3 should be de  | filed with the State Dept. of  |   |
|   | lez  | 0   | -  | 9  |   |

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

04267 CERTIFICATE OF DEATH 04267 04264

| 1. PLACE OF DEAT              | ltimore  |                 |                              | 2. USUAL RESIDEN               |                                | b. COUNTY             |               |                   |
|-------------------------------|--|-----------------|------------------------------|--------------------------------|--------------------------------|-----------------------|---------------|-------------------|
|                               |  |                 | MARYLAND                     | Mary.                          |                                |                       | altimo        |                   |
| write RURAL er                | (if outside corporate limed give neerest town)  rville | iits,           | c. LENGTH OF STAY IN 1b      | c. CITY OR TOWN                | (If outside corpora<br>erville | to limits, write RURA | AL end give n | serest lown)      |
| d. NAME OF HOSE               | PITAL OR INSTITUTION                                   | (if not in hos  | spitel, give street eddress) | d. STREET ADDRESS              |                                |                       |               | e. IS RESIDENCE   |
|                               |  | ld.             |                              | 113                            | Charmut                        | h Rd.                 |               | YES NO X          |
| 3. NAME OF<br>DECEASED        | Firs   | 1               | Middle                       | Last                           | 4. DATE                        | Month                 | Dey           | Year              |
| (Type or print)               | Chat1  |                 | David                        | Kephart                        | DEATH                          | April                 | 10            | 1962              |
| 5. SEX                        | 6. COLOR OR RACE                                       | 7. MARRIE       | D NEVER MARRIED   E          | B. DATE OF BIRTH               |                                | GE (In years IF UN    |               | IF UNDER 24 HRS.  |
| Male                          | White  | WIDOWE          | D DIVORCED                   | Nov. 6, 1920                   |                                |                       | ths Deys      | Hours Min.        |
| 10a. USUAL OCCUPA             | TION (Give kind of wor                                 | k 10b. K        | IND OF BUSINESS OR INDUST    | RY 11. BIRTHPLACE (Cou         | nty & State, or for            | eign country)   12    | 2. CITIZEN OF | WHAT COUNTRY?     |
|                               | ployee   |                 | overnment                    | Carroll C                      | o., Mary                       | land                  | U.S.A         |                   |
| 13. FATHER'S NAME             |  |                 |                              | 14. MOTHER'S MAIDEN            | NAME                           |                       | - 6           |                   |
|                               | Charles E  | Burton          | Kephart                      | 1 3 The 1                      | Lel                            | ia Yount              |               |                   |
|                               |  |                 | SOCIAL SECURITY NO. 17.      | INFORMANT                      |                                | Address               |               | Luthervi          |
| Yes                           | (If yes give wer or detes of WW II                     | setvice)        | Mr                           | s. Martha Ke                   | phart. 1                       | 13 Charmu             | th Rd.        | · Marulan         |
|                               | 1111   | e ceuse per l   | line for (a), (b), and (c).] | Λ                              | ,                              | ,                     |               | ERVAL BETWEEN     |
| 100                           | TH WAS CAUSED BY:                                      | P               |                              | 1                              |                                | DANDAR                | ONS           | SET AND DEATH     |
| HAN                           | IMMEDIATE CAUSE (+                                     | - 6             | nanan                        | Inco                           | mba                            | sis                   |               | or aux            |
| 100                           | DUE TO   |                 | 0                            |                                |                                |                       |               |                   |
| Conditions, if en             | 100  | )               |                              |                                |                                |                       |               |                   |
| gave rise to imme             | DUE TO   |                 |                              |                                |                                |                       |               |                   |
| ceuse lest.                   | ) (c   | )               |                              |                                |                                |                       |               |                   |
| PART II. OTH                  | ER SIGNIFICANT COND                                    | ITIONS CON      | TRIBUTING TO DEATH BUT NO    | OT RELATED TO THE TERM         | INAL DISEASE CO                | NDITION GIVEN IN      | PART 1(e) 19  | PERFORMED?        |
| )IA:                          |  |                 |                              |                                |                                |                       | Y             | ES NO             |
| OR CONTRIBUTIN                | WAS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER   | -               | CRIBE HOW INJURY OCCURED     | ). (Enter neture of Injury in  | Part I or Pert II of           | item 18.)             |               |                   |
|                               | IURY Month, Dey, Yo                                    | eer   20d.      | INJURY OCCURRED   20e. PLA   | ACE OF INJURY (Home, far       | m, * 20f. (City or             | town)                 | (County)      | (Stete)           |
| 20c. TIME OF IN.<br>Hour e.m. |  | While<br>et wor | eNot While fac               | tory, street, office bldg., et | c.)                            |                       |               |                   |
| 21. I certify                 | that (I) (this hosp                                    | ital) aften     | ded the deceased from.       | June                           | 1960, to a                     | bullo                 | , 1962, th    | nat (1) (we) last |
|                               | 4 1.   | - //            | 19.62, and that              | Y) .                           |                                |                       |               |                   |
| 22a SIGNATURE                 |  | A 0             |                              |                                | ,                              |                       |               | 22b. DATE         |
| Un                            | 110-   | 41.1.           | 10 10 0                      | ATTENDING PHYS.                | MED.<br>DIRECTOR               | STAFF<br>PHYS.        | 1/12/         | 162 SIGNED        |
| 22c. PHYSICIAN                | S  | acci,           | TY COURT                     | 22d. ADDRESS                   |                                | Lad                   | E) _ = = /    | 02                |
| NAME (Type                    | eorge T. Gi  | lmore,          | M.D.                         | Lanhan                         | Buildin                        | g Luther              | ville,        | Md.               |
|                               | TION, 236. DATE THE                                    | REOF            | 23c. NAME OF CEMETERY        | OR CREMATORY                   | 23d. LOCATI                    | ON (City, town or     | county)       | (State)           |
| REMOVAL (Specific Burial      |  | 2               | Trinity Luth                 | eran Cemeter                   | y Taneyt                       | own, Mar              | yland         |                   |
| 24 FUNERAL DIRECTO            | R'S)SIGNATOR DO  | ,               | ADDRESS                      | 2Se. RE                        | C'D BY REGISTRA                | R 25b. REGISTRA       | AR'S SIGNAT   | URE               |
| CO. Fus                       | & Son. T   | anevto          | own, Md.                     | DATE A                         | PR 1 6 '62                     | Cuthu                 | 1 S. Herry    | 4                 |
| Uru. rusi                     | o d Dolla  | CITO Y OC       |                              |                                | -                              | ·                     | · A. TUAL     |                   |

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## FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reassary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04005

|   |  |                          |  |  | UINOU                                   |
|---|--|--------------------------|--|--|---|
| 1. PLACE                                | OF DEATH   |                          | 2. USUAL RESIDENCE   | E (Whare dacassed lived, If in                   | nstitution: Rasidence bafore edmission) |
| 1                                       | BALTIMORE  | MARYLAND                 | SI KINGE.  | 1LAND 6. COUNT                                   | BALTIMORE                               |
| b. CITY                                 | OR TOWN (if outside corporate limits, RURAL and give neerst town)                      | LENGTH OF STAY IN 16     |  | outsida corporata limits, writa                  | RURAL and giva naarest lown)            |
|   | NDALK  |                          | XDUNDAL.   | K  |   |
|   | E OF HOSPITAL OR INSTITUTION (if not in hospital                                       | al, give straat address) | d. STREET ADDRESS  |  | IS RESIDENCE     ON A FARM?             |
| 77                                      | I RIVERVIEW ,  | AVE                      | 777 RIV  | IER VIE YX                                       | AUE YES NO X                            |
| 3. NAME<br>DECEA                        | SED  | Middle                   | Last   | 4. DATE Month                                    | Day Year                                |
| (Type or                                | 1011/1010  | MILLIN 1                 | KERLEY   | DEATH A PRIL                                     | 72 1962                                 |
| 5. SEX                                  | 6. COLOR OR RACE 7. MARRIED  | NEVER MARRIED [ 8        | . DATE OF BIRTH  | 9. AGE (In yaars last birthday)                  | Months Days Hours Min.                  |
| MAL                                     | WHITE WIDOWED [  | DIVORCED                 | TPR 29 194   | 16 L/ yrs.                                       | Monins Days Hours Min.                  |
| 1Da. USUA<br>dona during                | L OCCUPATION (Give kind of work most of working life, even if retired)                 | OF BUSINESS OR INDUSTR   | Y 11. BIRTHPLACE (State                                    | or foreign country)                              | 12. CITIZEN OF WHAT COUNTRY?            |
| AUTO                                    | MECHANIC   |                          | WEST V   | IRGINIA  | U.S.A.                                  |
| 13. FATHER                              | 'S NAME  |                          |  |  |   |
| ORL                                     | ILLE H. KERL   | EY                       | BEUVAH G   | AY KING  | REA                                     |
| 15. WAS D                               | ECEASED EVER IN U.S. ARMED FORCES?   16. SO unkown)   (Ifyasgiva warordatas ofsarvica) | CIAL SECURITY NO. 17.    | NFORMANT   | Address  |   |
| N                                       | 0  | mR                       | S SHIRLEY  | IKERLEY-Z  | 55 RIVERVIEW                            |
|   | LUSE OF DEATH  Enlar only one cause par lina   | for (a), (b), end (c).]  |  | 4  | INTERVAL BETWEEN                        |
| P                                       | ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN CI                                  | neratim                  | - Residen  | Tral Fir   | E 5 min                                 |
|   | CA A DUE TO  |                          |  |  |   |
| Conditi                                 | ons, if any, which ) (b)   |                          |  |  |   |
| 100000000000000000000000000000000000000 | se to immadiata causa  |                          |  |  |   |
| cause l                                 | ing the underlying   |                          |  |  |   |
| Z PA                                    | RT II. OTHER SIGNIFICANT CONDITIONS CONTR  | BUTING TO DEATH BUT NO   | T RELATED TO THE TERMIN                                    | AL DISEASE CONDITION GIVE                        |   |
| 20a. E<br>PRIMAI                        |  |                          |  |  | PERFORMED?                              |
| 20a. E                                  |  | HOW INJURY OCCURED. (E   | ntar natura of injury In Part                              | I or Part II of item 18.)                        |   |
| 0 071000                                | OF DEATH. Subject  | + trapped is             | u DURNING  | Pers dence                                       |   |
|   |  | URY OCCURRED   200. PLA  | CE OF INJURY (Homa, farm, ory, street, office bldg., etc.) |  | (County) (State)                        |
| MEDI                                    | Hour a.m. Whila at work  | 7 1101 17 11110          | tome   | Above A  | delven                                  |
| 21. I                                   | certify that I took charge of the remain   | ns described above, he   | ld an Autopsy ,  | Inspection , Inquiry                             | and in my opinion                       |
| death                                   | resulted from: Natural causes .  | Accident Suic            | ide . Homicide   | Undetermined ma                                  | enner                                   |
|   | ( 1 110 6)   |                          | CHIEF MEDICAL E  | XAMINER [  |   |
| ACTU                                    | AL A CHECAL  | leur                     | M.D. ASSISTANT MEDI  | CAL EXAMINER                                     | DATE SIGNED                             |
|   | IINER'S  | PallINS                  | DEPUTY MEDICAL   |  | 4-2362                                  |
|   | CREMATION 22b. DATE THEREOF 22   | G. NAME OF CEMETERY OF   |  | ity, town, or county) 22d. LOCATION (City, town, | or country) (Stata)                     |
| REMO                                    | AL (Spacify)   | B A 12 1 4               |  | COLGATE  | mo                                      |
| 13 VIC                                  | AL DIRECTOR JS-1962  | ADDRESS                  |  | D BY REGISTRAR   24b, REGIS                      | STRAR'S SIGNATURE                       |
|   |  | - A A                    |  | DR 2 C ICO                                       | / / / / / / / / / / / / / / / / / / /   |
| 1666                                    | RICH FUNERALHON  | ne DUNUAL                | R MO DATE  | 0 62   | They I for                              |

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|         |   |                 |  |     |

### MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04269 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) VÓ. hours after Rural - Catonsville 2 davs Rural- Rockdale filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Shady Nook Nursing Home 3524 Rolling Road YES NO TO completely papers. 3. NAME OF 4. DATE Middle Last Month Dev Year DECEASED (Type or print) DEATH Mr. John T. . 19 within Kirk April 62 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) and Months Hours Male White WIDOWED IX 72 event, DIVORCED | May 7, 1889 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Service Salesman Automobile Hebbville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please C attending pue John Kirk Charlotte Smith Then ! 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address The law requires that the removal, 3524 Rolling (Yes, no, or unkown) | (If yes give we ror detes of service) Baltimore 214-01-2299 Mr. John A. Kirk. hospital or attending physician. certificate has been signed by the 18. CAUSE OF DEATH Enter only one cause per line for (e). (b), end (c).) INTERVAL BETWEEN ONSET AND/DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION use as PERFORMED? YES NO F prior 20a. ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) R: After this detached for OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: / 3 should be det et work et work D.M. 21. I certify that (I) (this hospital) attended the deceased from CC 3.......19.6. V., and that death occurred at 10.1.M., from the causes and on the date stated above. saw the deceased alive on Communication 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED death. Page 4 idector, page 3 be filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Dutton Ave., Baltimore 28, Md. Dr. Wetherbee Fort 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mt. Olive Cemetery 4-7-62 Randallstown. Burial 24 FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8728 Liberty Road VR A15 (4) arilun S. Misus 1SM 7/61 Randallstown. Md. DATE APR 9 162

death certificate

the second secon Without Corners of Come 710 (00 ) 1 mmmm The state of the s Werender Follows 1 1 1/2/6. P. St. See M. J. Joseph Bernell, Co. H. See 19. 14. Electrical and Electrical

| OF | 10.00 | <br>7 - |  |
|----|-------|---------|--|
|    | PE    |         |  |

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

|  |  |  | 14257                                     |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY  |  |  | nstitution: Residence before edmission    |
| Baltimore MARYLAND   | e. STATE   | b. COUNT                                 | - /                                       |
| b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b                        |  | VIANG If outside corporate limits, write | RURAL end give neerest town)              |
| write RURAL end give neerest town)   |  |  | 2.11. 1                                   |
| Fort Howard 6 Days   | Baltimore  | L.                                       | 3001.4                                    |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)                   | d. STREET ADDRESS  |  | IS RESIDENCE     ON A FARM?               |
| Veterans Administration Hospital   | 102 West   | Ostend Street                            | YES NO                                    |
| 3. NAME OF First Middle DECEASED   | Last   | 4. DATE Month                            | Day Yeer                                  |
| (Type or print)  |  | OF<br>DEATH                              | 8 19 62                                   |
| 5. SEX   6. COLOR OR RACE   WARRIED   NEVER WARRIED W  | B. DATE OF BIRTH   | 9. AGE (In years                         | 0 02                                      |
|  |  | last birthday)                           | Months Days Hours Min.                    |
| Male White WIDOWED DIVORCED  |  | 888 73 yrs.                              |   |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)    | TRY 11. BIRTHPLACE (Coul                                     | nty & State, or foreign country)         | 12. CITIZEN OF WHAT COUNTRY               |
| City Civil Ser   | vice   | Morraland                                | TT C A                                    |
| done during most of working life, even if retired)  Laborer  13. FATHER'S NAME                 | 14. MOTHER'S MAIDEN  | NAME Y LATE                              | U.S.A.                                    |
|  |  |  |   |
| Albert Klein  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.      | Madeline B   | ixler                                    |   |
| (Yes, no, or unkown) (Ifyesgive were redetes of service)                                       | INFORMANI  | Address.                                 |   |
| Yes WW-1 C   | Linical Recor  | ds, VAH, Fort H                          | loward. Maryland                          |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]                      |  |  | ONSET AND DEATH                           |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) SQUAMOUS CELL CAF                             | RCINOMA, HYPOI   | PHARYNX AND ROO                          | T OF                                      |
| XXXX TONGUE  |  | THE BUILDING                             | UNKNOWN                                   |
| METACTACTE TO II   | INGS AND REGIO   | ONAL LYMPH NODE                          | S UNKNOWN                                 |
| Conditions, if eny, which geve rise to immediate cause   | MOD MID ILLIAI   | Olum Dirii II KODD                       | OHIMIO HI                                 |
| (e), steting the underlying DUE TO   |  |  |   |
| cause last. (c)  |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N                              | OT RELATED TO THE TERMI                                      | NAL DISEASE CONDITION GIVE               | N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? |
| BILATERAL PNEUMONIA - 5 DAYS   |  |  | YES IN NO                                 |
| 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE                               | D. (Enter neture of injury in                                | Pert I or Pert II of item 18.)           |   |
| OR CONTRIBUTING [] CAUSE OF DEATH  | (211101 11010110 01 111) 111                                 |  |   |
|  |  |  |   |
| 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. Pt. While Not While fa          | ACE OF INJURY (Home, fer<br>ctory, street, office bldg., etc |  | (County) (State)                          |
| 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PI Hour e.m. While Not While fa | ,,,,   |  |   |
| 21. I certify that X (this hospital) attended the deceased from                                | Anni 7 2   | 1062 to Anni 7 8                         | 10 69 that (4) (wa) las                   |
| 21. I certify mai (mis nospiral) allended me deceased from                                     | 10:  | OO.                                      | , 17                                      |
| saw the deceased alive on April 819.62., and the   | at death occured at  | M, from the causes a                     |   |
| 22e. SIGNATURE   |  | MED STAFF                                | 22b. DATE                                 |
|  | M.D.   | DIRECTOR PHYS.                           | 4/9/62                                    |
| 22c. PHYSICIAN'S<br>NAME (Type)  | 22d. ADORESS   |  |   |
| , ,  | VAH FORT   | HOWARD MARYLAN                           | D   |
| SEBASTIAN RUSSO, M.D./ 23a. BURIAL, CREMATION, 23b. BAJE THEREOF / 23c. NAME OF CEMETERY       |  | 23d. LOCATION (City, tow                 |   |
| REMOVAL (Specify)  | Li 1   | Doll-denove                              | Se Marriand                               |
|  |  | ry Baltimore C'D BY REGISTRAR 256. REG   | 28, Maryland                              |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |  |  | ISIKAK S SIGNATURE                        |
| James L. McCully, 128 E. Fort Avenue, Ba   | lto.Md. DATE A   | PR 13 '62   a                            | Thung & King                              |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages/1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the hospital or attending physician. ATTENDING PHYSICIAN: be retained by TO HOSPITAL death. Page 4

VR A15 (4)

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STATE OF STREET STREET

April 2 South to Line South Single Street

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Janua I. Helikaliy, 130 in Port Avenue, Salve, pr.

TO HOSPITAL CASTIENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 DI BOE OF DERTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04271 CERTIFICATE OF DEATH 04268

II 2 STOLLEY DECIDENCE Office deserted lived It institution Decide

|    |         | o. COUNTY   | e. STATE M. D. COUNTY  | Ollifazioni |
|----|---------|---|--|-------------|
|    | _       | Baltimore County  b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b   | /IIIII Y CAND  |             |
|    | P       | b. CITY OR TOWN (if outside corporata limits, write RURAL and give nagest town)  1 t. Wilson, Maryland  1 days                      | BALTIMORE CITY   | .4          |
| 2  |         | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS . IS RE  | ESIDENCE    |
| ~  |         | At. Wilson State Hospital   | 1901 ALICEANNE STREET YES  | NO NO       |
|    |         | NAME OF DECEASED (Type or print)  ALFRED (KOW)  | ALEWSKI OF APRIL 18 19   | 62          |
|    | 5.      | SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8   | DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER  |             |
|    |         | MALE WHITE WIDOWED DIVORCED   | 3/29/08   Sust birthday) Months Days Hours   | Min.        |
| FR | 10a     | usual occupation (Giva kind of work na during most of working life, even if fetirad)  | Y 11. BIRTAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT C  | OUNTRY?     |
|    |         | BUILDING MAINTENAN  | CE MISSISSIDPI USA   |             |
| -  | 13.     | FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   | ne E        |
| 1  |         | JOSEPH NOWALEWSKI   | ROSIE S  |             |
|    |         | WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 18. no, or unknown)   (Ifyesgivawarordatasofsarvice)        | NFORMANT Address   |             |
|    |         | No 705-10-9090 Hos  | pital Records, Mt. Wilson State Hospita  | 1           |
|    |         | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BET   | WEEN        |
|    |         | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prelimonary (  |  | EAR         |
|    |         | 002,/ DUE TO  |  | ,           |
|    |         | Conditions, if any, which gave rise to immediate cause (b)  |  |             |
|    |         | (a), stating the underlying DUE TO  |  |             |
| ^  |         | cause last. (c)   |  |             |
| 0  | NO.     | RUD Had   | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO   | RMED?       |
|    | CA1     | CHROMIC HLEOHOUSM   | the state of the s | NO Z        |
|    | CERTIF  | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER) | , (Entar nature of injury in Part I or Part II of itam 18.)  |             |
|    | CAL     |   |  | (Stata)     |
|    | MEDICAL | at work at work   | ory, street, offica bldg., atc.)   |             |
|    | ~       | 21. I certify that (I) (this hospital) attended the deceased from   | 4/6 1962 to 4/18 1962 that (1) (   | we) last    |
|    |         |   | death occured 6.4.5 M, from the causes and on the date stated  |             |
|    |         | 22a. SIGNATURE  |  | DATE        |
|    |         | 11111   | D. PHYS. DIRECTOR PHYS. 41   | SIGNED      |
| 1  |         | 22c. PHYSICIAN'S  | 22d. ADDRESS   | 4/61        |
|    |         | Wm. Newcomer, M.D., Superintendent  | Mt. Wilson State Hospital, Mt. Wilson  | ı, Md.      |
|    | 238     | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  | 1/2  | tata)       |
|    | 人       | uria 4/23/62 Hoty 11 00   | ary Jallimore  |             |
|    | 24      | ADDRESS SIGNATURE ADDRESS 230   | APR 2 3 '62 Coultway & Harry   |             |
| 1. |         | Tred W Ozazewski Last   | ern Ca DATE  |             |
|    |         | // 0  |  |             |

intelled and all to the same of the same of the STATE SECURITION SECTION Editorists Krass and and CONTRACTOR OF THE STATE OF STATES The manual that the man a first transfer and the THE RESERVE OF THE PROPERTY OF THE NAME OF STREET STREET CHANGE FEET STEELERS In a the species of the property of the second Tender Wignesser Forten G

## MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE 18

| 0  | 4272   | CERTIFICA                                 | ATE OF DEATH                     | 1  | Reg. Dis (No. 269                                       |
|--|--|---|----------------------------------|--|---|
| 1. PLACE OF DEATH o. COUNTY                    | Baltimore  | MARYLAND                                  | 2. USUAL RESIDENCE (Who o. STATE | ere deceased lived. If institutio<br>b. COUNTY | ns Residence before admission)                          |
| b. CITY OR TOWN (<br>RURAL and give n          | (If outside corporate limits, write nearest town) OSVI.11e               | c. LENGTH OF STAY IN 16                   |                                  | utside corporote limits, write RU<br>Altimore  | JRAL and give nearest town)                             |
| d. NAME OF HOSPI<br>OR INSTITUTION             | TAL (If not in hospitol, give street 126 N. Symi)                        | oddress)<br>ngton Ave.28                  | d. STREET ADDRESS<br>830 N.      | Lakewood Ave                                   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO                 |
| 3. NAME OF<br>DECEASED<br>(Type or print)      | ANNA   | Middle<br>S •                             | KRIZEK.                          | 4. DATE Month OF DEATH April                   |   |
| female   | 6. COLOR OR RACE 7. MARR   |   | B. DATE OF BIRTH 10/1/1884       | 9. AGE (In years lost birthdoy) 77 yrs.        | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. |
| 100. USUAL OCCUPATION during most of wor tailo | ON (Give kind of work done 10b. rking life, even if retired)             | kind of Business or Industrial Orak Bros. | Czechos]                         |  | 12. CITIZEN OF WHAT COUNTRY                             |
| 13. FATHER'S NAME                              | unknown  |   | 14. MOTHER'S MAIDEN N            | · · · · · ·                                    |   |
| 15. WAS DECEASED EVI<br>(Yes. no. or unknown)  | ER IN U. S. ARMED FORCES? 16.  |   | NFORMANT<br>Larie Wessel         | Addre<br>, 126 N. Syr                          | mington Ave.28  |
|  | ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | me for (0), (b), and (c).]                | e Infarci                        | tion   | INTERVAL BETWEEN ONSET AND DEATH                        |
| Conditions, if                                 | ony, which ) (b)   | rolouary                                  | Theyoubo                         | sis  | 7 mos   |
| gove rise to                                   | immediate Dus TO   | 4   | 4. 0                             | n  | 2/ 7  |

|   | 211-09-9051  | Marie Wessel, 126 M  | 1. Symington Ave. 28  |
|---|--|--|---|
| IB. CAUSE OF DEATH [Enter or PART I. DEATH WAS CAU  |  | disk Infarction  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if ony, which )   | DUE TO COROCIA   | ry Thyoubosis  | 2 mos   |
| gove rise to immediate couse (a), stating the under-lying couse last.                       | DUE TO   | cotie C-V Disease-Cor  | enary Belevosis?  |
| PART II. OTHER SIGNIFICA  | ANT CONDITIONS <u>CONTRIBUTING</u> TO DEA                      | TH BUT NOT RELATED TO THE TERMINAL DISEASE CON                         | IDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO              |
| 20g. ACCIDENT WAS UNDERLYIN<br>OR CONTRIBUTING [] CAUSE O<br>(IF EITHER, NOTIFY MEDICAL EXA | F DEATH  | CURRED. (Enter nature of injury in Port I or Port II of                | item 18.)   |
| 20c. TIME OF INJURY Month,<br>Hour o. m.<br>p. m.   | Doy, Year 20d. INJURY OCCURRED While Not while of work of work | 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) | wn) (County) (Stote)  |
| 21. I certify that attend   | ded the deceased from. 4                                       |  | ., 19.62, that I lost sow the deceose couses and on the dote stated obove |
| ACTUAL KONNE  | rethe Trulenty   | M.D  | Luciside Au Date signed Lucisside Au                                      |
| PHYSICIAN'S KEUM  | eth Krukvitz   | MD. B.   | 280.28 Md-  |

22c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

Home, Inc.

22d. LOCATION (City, town, or county)
Baltimore, Md.

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR
DATE R 1 2 '62

(Stote)

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the meral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotion, or removal, and in ony event within 72 hours after death.

eath. Page 4

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of TO HOSPITAL OR

226. DATE THEREOF 4/12/62

220. BURIAL, CREMATION, REMOVAL (Specify) BUILA1

23. FUNERAL DIRECTOR'S SIGNATURE Schimunek Funeral 2601 E. Madison

VS A15 (4) 15M 9/55

|          | H DE DEATH   | ADRITRION  | ₹*<br>   |
|----------|--|--|--|
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04273

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

|   | Reg.(Dist; Ne. 7   |
|---|--|
| 2. USUAL RESIDENCE (Where deceased o. STATE Md. | lived. If institution: Residence before admission) b. COUNTY Baltimore |
|   |  |

(Stote)

|         | COUNTY   | timore Co  |            | MARY                   | LAND    | o. STATE Md.   | ere decease            | b. COUNTY                               | Balt      | ice befor      |             | on)                    |
|---------|--|--|------------|------------------------|---------|--|------------------------|---|-----------|----------------|-------------|------------------------|
| ь.      | CITY OR TOWN (IF RURAL ond give nec                          | outside corporate limits,<br>arest town)                             | write (    | c. LENGTH OF STAY      | IN 1b   | c. CITY OR TOWN (IF ou                                     |                        |   | JRAL ond  | give neo       | rest town   | )                      |
|         | OR INSTITUTION   | ohs Nursi  |            |                        |         | d. STREET ADDRESS  |                        | l Rd.                                   |           |                |             | DENCE<br>FARM?<br>NO X |
| D       | AME OF ECEASED ype or print) ZU                              | ZANNA KR   | OLIC       | Middle                 |         | Lost   | 4. DATE<br>OF<br>DEATH | Apri                                    | 1 11      |                | 9621        |                        |
| . SE    | F  | ***  | MARRIE     | D NEVER MARRI          |         | 9/27/1880  |                        | 9. AGE (In years lost birthday) 81 yrs. | Months    | 1 YEAR<br>Doys | Hours Hours | R 24 HRS.<br>Min.      |
| 0a.     | USUAL OCCUPATION during most of worki                        | N (Give kind of work doing life, even if retired)                    |            | cking He               |         | TRY 11. BIRTHPLACE (Stole of Poland                        | or foreign c           | ountry)                                 | 31 107    | ola:           |             | COUNTRY                |
| 3. F    | ATHER'S NAME Unknow  | n  |            |                        |         | 14. MOTHER'S MAIDEN NA                                     |                        |   |           |                |             |                        |
| Yes,    |  | IN U. S. ARMED FORCE<br>f yes, give war or dates of servi            | ice)       | 7-01-966               |         | Sophia Kro   | lick                   | Addr<br>a 2219                          | orem      | Av             | e.          |                        |
|         | PART I. DEAT   | TH [Enter only one coust<br>H WAS CAUSED BY:<br>IMMEDIATE CAUSE (o)_ | e per line | for (0), (b), and (c). | to      | e heart  | - fa                   | ilure                                   |           |                | RVAL BE     |                        |
| ١       | Conditions, if an  |  | C          | truis                  | sel     | notic ca   | rela                   | rosen                                   | las       | 1              | 10          | yes :                  |
|         | couse (o), stoting the lying couse lost.                     | he <u>under-</u> DUE TO (c)_   |            |                        |         |  |                        |   |           |                | -           |                        |
|         | PART II. PHI   | ER SIGNIFICANT CONDI   | - 0        |                        | ATH BUT | NOT RELATED TO THE TERMIN                                  | NAL DISEAS             | E CONDITION GIV                         | EN IN PAR | T 1(o) 1       |             | RMED?                  |
| 2       | 20%. ACCIDENT WAS<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY / | S UNDERLYING 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 2                  | Ob. DESCR  | IBE HOW INJURY O       | CCURRED | . (Enter nature of injury in Po                            | ort I or Por           | t II of item 18.)                       |           |                |             |                        |
| A COLOR | Hour o. fr.  | Month, Day, Year   | While      | Not while              |         | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) |                        | or town)                                | (         | County)        |             | (Stote)                |

and that death occurred of 150 PM, 21. I certify that I attended the deceased from... 62that I last saw the deceased from the causes and on the date stated above. ADDRESS (Street, city or town, stote)
April 13, DATE SIGNED
1962 ACTUAL

1011 Frederick Road, Catonsville 28, Md. PHYSICIAN'S NAME (Type) James E. Rowe, M. D.

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Holy Rosary Cometery

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Weber & Sons 401 S. Chester St Chilwy S. Krous DATE APR 1 3 '62

CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (It outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) papers. Pages I n 72 hours after HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 53 YES NO NAME OF DATE Year Middle DECEASED OF DEATH (Type or print) 196 IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE DATE OF BIRTH and last birthday) Months WIDOWED DIVORCED physician 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WOLK please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, pq. or unkown) | (Ifyes give wer or detes of service) signed by the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immediate cause **DUE TO** (e), stating the undarlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELADE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) I 19. WAS AUTOPSY CERTIFICATION as PERFORMED? prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While While at work at work DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from /// to ... saw the deceased alive on & 1964, and that death occured at A.S.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNAJURE ATTENDING MED. PHYS. DIRECTOR PHYS. TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, I be filed v 23a, BURIAL, CREMATION, | 23b. LOCATION (City, town or county REMOVAL (Specify) ADDRESS VR A15 (4) arthur S. Krous DATE APR 6

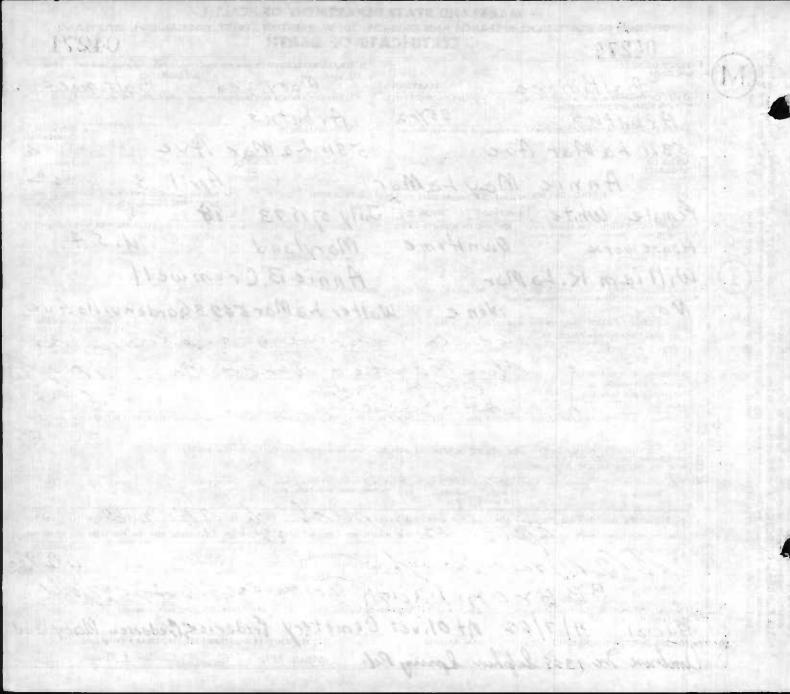
PRESTON STREET, BALTIMORE 1, MARY

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SIGNED

DIVISION OF STATISTICAL RESEARCH



| 1   | 30  |               | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|---|-----|---------------|--|
| عدن   | 20  | L             | 04275 Item 12 Film G313 F07762 mb Reg. Dist. NO4272  |
| director,   | (XX | 1.            | PLACE OF DEATH Paltinone County  Catons ville  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE  Maryland  D. COUNTY  Maryland   |
| be f  |     |               | p. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)   |
| pino  | W   | -             | Baltimore 11 months CAVOTACVIVIO Baltimore  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS 33 S. Decker Ave. Le. IS RESIDENCE  |
| by the  | 90  |               | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Caton Ridge Nursing Home  d. STREET ADDRESS 33 S. Decker Ave. ON A FARM? YES \( \sigma \text{NO} \)  |
| 24 hour<br>lled in b  |     |               | NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF ROSalie Larson DEATH April 28 1962  |
| thin<br>ly fill   |     | S.            | EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.   |
| S. Feb  |     |               | Female White WIDOWED DIVORCED March 7 1892   Josephithday) Months Days Hours Min.  |
| executerd compart of the compart of |     | 100           | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Retired  Chamber Maid  Retired   |
| e o o   |     | 13.           | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
|   |     |               | John Hubbe Margaret Gettman  |
| certifical ng physic remove 72 hours  | (1  |               | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10. or unknown) 1   11 yes, give wor or dates of service) 219-28-6366   Mrs Lillian Czaykowski 33 S. Decker Av  |
| death<br>Itendia<br>please<br>vithin  |     |               | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH   |
| the a   |     |               | IMMEDIATE CAUSE (a) Conclusion of elegis.  |
| that<br>by the  |     |               | Conditions, if any, which) as attention Carlis Una distance with   |
| ires<br>ermi  |     |               | gove rise to immediate (D)   |
| requian.  |     |               | lying cause last.  |
| physicic<br>as been<br>iol-trans  | 0   | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1  |
| IAN: TI<br>ending<br>ficate h<br>ficate h<br>the bur<br>ar rem  |     |               | 20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)   |
| PHYSIC<br>al or ath<br>his certification.   |     | MEDICAL       | 20c. TIME OF/NJURY Month, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While of work at work  |
| NG<br>Spit<br>ter 1<br>d for  |     |               | 21. I certify that I attended the deceased fram. 4/1/, 1961, to 4/27, 1962, that I last saw the decease  |
| R: Af   |     |               | alive an, 1967, and that death accurred at 33 PM, from the causes and an the date stated above   |
| 5 6 5   |     |               | ADDRESS (Street, city or lown, state)  DATE SIGNE  |
| OR ined   | 1   |               | SIGNATURE 4/30/5   |
| MOSPITAL moy be retoin to FUNERAL D page 3 should the registrar p   |     |               | PHYSICIAN'S NAME (Type) Cliff Ratliff, Jr., M.D. Baltimore 29, Maryland  |
| HOSP<br>oy be<br>FUNE   |     | 220           | BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)   |
| O FUN   | *   | 22            | M/K  |
| VS A1S (4)<br>15M 9/SS  | hy  | 23.           | FUNDER DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  AD |
| 15M 9/55  | -   | 1             | JEE DO III BIT DO DATE MAIL & OZ CHAMA Z. MANDE  |

| TO COMPANY              | CERTIFICATE OF DEATH   |  |   |
|-------------------------|--|--|---|
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| SAME PERSONAL PROPERTY. |  | TAR TO LANCE VILLA   |   |
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## MARYLAND STATE DEPARTMENT OF HEALTH

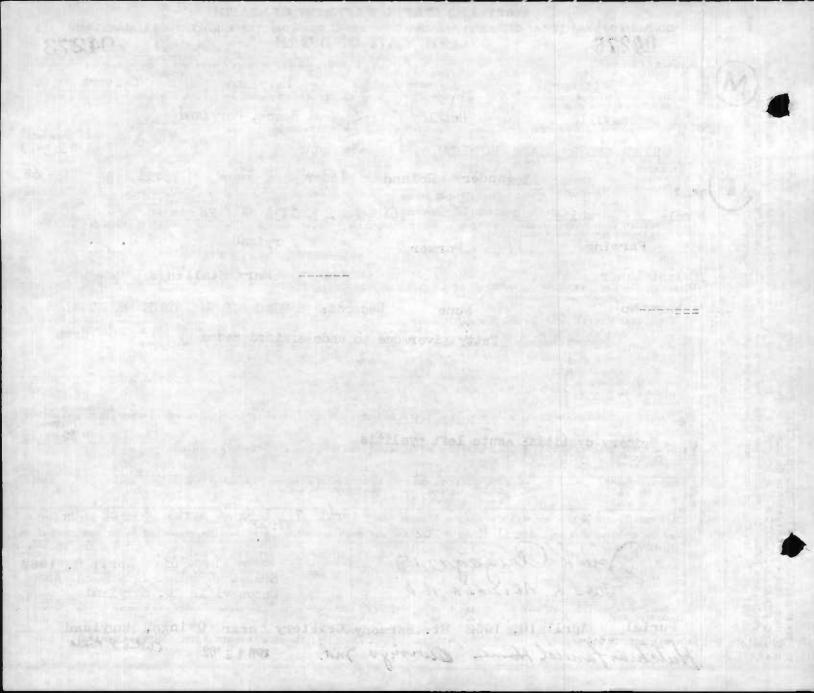
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04276

CERTIFICATE OF DEATH

04273

| 1. PLACE OF DEAT   | Н   |                             | HE WALLEY           |         | 2. USUAL RESIDEN   | CE (Where d    | eceased lived, if i  |  | sidence before   | edmission)   |
|--|---|-----------------------------|---------------------|---------|--|----------------|----------------------|--|--|--|
| E  | Baltimore   |                             | MARYLA              | IND     | Ma:  | ryland         | D. COOK              | Cal  | vert   |  |
|  | (if outside corporete limits,<br>d give nearest town)     |                             | c. LENGTH OF STAY   | IN 1b   | c. CITY OR TOWN (  | If outside con | oorata limits, write | RURAL and  | give neerest to  | wn)  |
| Cations  |   |                             | 8mthldv             |         | West Bead  | ch, Ma:        | ryland               |  |  |  |
| d. NAME OF HOSPI   | TAL OR INSTITUTION (if not                                | in hospi                    |                     | 1)      | d. STREET ADDRESS  |                | 7/                   | 1.1  |  | RESIDENCE  |
|  | GROVE STATE   | HOS                         | PITAL               |         | none   |                | 0-                   | 11/-   | The second secon | NO 🗌   |
| 3. NAME OF<br>DECEASED   | First   |                             | Middle              |         | Lest   | 4. DATE        | Month                | 1.00   | Dey Ye   | or (O  |
| (Type or print)  | Alex  |                             |                     |         | Lauer  | DEATH          | ı Ap                 | ril  | 8 19   | 62   |
| 5. SEX   | 6. COLOR OR RACE 7. N                                     | ARRIED                      | NEVER MARRIED       | X   B.  | DATE OF BIRTH  | 9              | est birthdey)        |  | EAR IF UND   | ER 24 HRS.   |
| male   | white   wi  | DOWED                       | DIVORCED [          |         | Feb. 3, 193  | 4              | 28 yrs.              | Monning D  | 110013   | ,,,,,,,  |
| 1De. USUAL OCCUPAT   |   | 1Db. KIN                    | D OF BUSINESS OR IN | DUSTRY  |  |                | foreign country)     | 12. CITIZ  | EN OF WHAT   | COUNTRY?   |
| Farm   |   |                             | Farmer              |         | Mar  | yland          |                      | U.   | S.   |  |
| 13. FATHER'S NAME  | Ing   |                             | raimer              |         | 14. MOTHER'S MAIDEN                                      | NAME           |                      |  |  |  |
| Roland Laue  | r   |                             |                     |         | uni-own  | Mary !         | Stalling             | S  |  |  |
|  | ER IN U.S. ARMED FORCES?                                  |                             | OCIAL SECURITY NO.  | 17. II  | FORMANT  |                | Address              | ,  |  |  |
| HEKHOWA NO   | lf yes giva weror detes of service                        | •)                          | None                | Rec     | ords: SPRI   | NG GR          | OVE STA              | TE HO  | SPITAL   |  |
| the state of the s | DEATH [Enter only one cous                                | se per lin                  |                     |         | or do.   |                | -                    |  | INTERVAL B   | ETWEEN   |
| PART I. DEAT   | TH WAS CAUSED BY  | Fot                         | ty Liver d          | ne t    | o undetermi  | ned ca         | use                  |  | onstran  | BDEATH   |
| C 0  | IMMEDIATE CAUSE (a)                                       | rau                         | oy haver o          |         |  |                | ·                    |  |  |  |
| Conditions, if en  | DUE TO  |                             |                     |         |  |                |                      |  |  |  |
| geve rise to immed   | liete ceuse   |                             |                     | 174     |  |                |                      |  |  |  |
| (a), steting the   | underlying DUE TO   |                             |                     |         |  |                |                      |  | 100  |  |
| causa last.  | R SIGNIFICANT CONDITION                                   | IS CONT                     | DIBILITING TO DEATH | BUT NOT | DELATED TO THE TERMI                                     | NAI DISEASE    | CONDITION GIV        | EN IN DART 1   | (a) 110 WAS  | AUTOPSY  |
| PAKI II. OTHE  | K SIGNIFICANT CONDITION                                   | 13 COM                      | KIBOTING TO DEATH   | BOT NOT | KELATED TO THE TERMIN                                    | MAE DISEASE    | CONDITION GIV        | FIA HALOWI   | PER  | FORMED?  |
| J Urinar   | y cystitis: a   | cute                        | e left pyel         | litis   | 3  | B 11 B 1       | 11 ( ) 10 )          |  | YES Z  | NO .   |
| OR CONTRIBUTING  | AS UNDERLYING 201<br>G CAUSE OF DEATH<br>MEDICAL EXAMINER | b. DESC                     | RIBE HOW INJURY OF  | CCURED. | (Enter neture of Injury in                               | Pert   or Pert | Il of item 18.)      |  |  |  |
| 20c. TIME OF INJ   | URY Month, Day, Yeer                                      | 2Dd. IN<br>While<br>at work | Not While           |         | E OF INJURY (Home, ferr<br>ry, street, office bldg., etc |                | ty or town)          | (Count   | ly)  | (Stete)  |
|  | that (this hospital)                                      | 1                           |                     | from    | April 7_   | 19-54 to       | April                | 8 196  | 2. that (1)  | (we) last  |
|  | sed alive onApr.  |                             |                     |         | death occured at   | M. from        | m the causes         | and on th  | e date stat  | ed above   |
| 22e. SIGNATURE   | all vo Oil  | /                           |                     | o mai   |  | 2.5.17         |                      | /  |  | 2b. DATE   |
| 226. 31314710.   | see K ( Pr  | 101                         | ran to              | )       | BLUMB TO   | MED.           | STAFF PHYS.          | Ans  | cil 8.   | SIGNED   |
| 22c. PHYSICIAN   | 30 1  | 7                           | age pro             | M.I     | /-   | SPRING         |                      | The second secon | HOSPIT   | THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW |
| NAME (Type   | Jose R. AR  | 124                         | 6A, M.D.            |         |  | 27 70771 0     | ille 28              |  |  | ***  |
| 23a. BURIAL, CREMAT  | TION, 23b. DATE THEREOF                                   |                             | 23c. NAME OF CEM    | ETERY C | R CREMATORY  | 23d. LO        | CATION (City, to     | wn or county)  |  | (Stete)  |
| Burial   | April 10,   | 196                         | 2 Mt. Ha            | rmor    | y Cemetery   | near           | Owing                | s, Mar   | cyland   |  |
| 24 FUNERAL DIRECTO   | 11 1 1 1  | PE 1                        | ADDRESS             |         | 2Sa. RE  | C'D BY REGIS   | STRAR 25b. RE        | GISTRAR'S SI   | FURTURE  |  |
| Hulchim  | Junual Ho   | me                          | , Own               | 80      | MAC. DATE  | MPK 1 2        | '62                  |  |  |  |
|  |   | - with                      |                     | V       |  |                |                      |  |  |  |



VR A1S (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, WARD AND CERTIFICATE OF DEATH 04277

| 1.            | PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)   |
|---------------|--|---|
|               | a. COUNTY  | e. STATE b. COUNTY  |
| -             | Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 11 | 1301 100  |
|               | write RURAL and give nearest town)   |   |
|               | Fort Howard 14 days  | Baltimore   |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)               | d. STREET ADDRESS   e. IS RESIDENCE   |
|               | Veterans Administration Hospital   | 1973 Snyder Ave YES ☐ NO ☑  |
| 3.            | NAME OF First Middle DECEASED  | Last 4. DATE Month Dey Year OF  |
|               | (Type or print) HAROLD W   | LETTS DEATH April 19 1962   |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.  |
| 1             | Male white WIDOWED DIVORCED  | April 12, 1899 63 yrs. Months Days Hours Min.   |
| 10.           |  | STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
|               | Bartender  | Charleston, S. C USA  |
| 13            | . FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| 1             | Joseph W. Letts  | Caroline Kelly  |
| 15            |  | . INFORMANT Address   |
|               | es, no, or unkown)   (If yes give wer or detes of service)                                 |   |
|               |  | linical Records, VAH Ft Howard, Maryland  |
|               | 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]                  | INTÉRVAL BETWEEN ONSET AND DEATH  |
|               | PART I. DEATH WAS CAUSED BY:   |   |
| 1             |  | RCINOMA RIGHT LUNG WITH METASTASES  |
|               | XXXX TO RIGHT KIDNEY   | AND TAIL OF PANCREAS UNK  |
|               | Conditions, if eny, which (b)  |   |
| -             | geve rise to immediate cause   |   |
|               | (e), stating the underlying  |   |
| _             | cause last. (c)  | NOT BY ATTO TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 11-11 10. WAS ALITORSY  |
| O             | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT                            | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   |
| I             |  | YES X NO  |
| CERTIFICATION |  | RED. (Enter nature of injury in Part I or Pert II of item 18.)  |
|               | OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                     |   |
| MEDICAL       |  | PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)   |
| ĕ             | Hour a.m.  | factory, street, office bldg., etc.)  |
| 1             | p.m. 19 at work at work  |   |
|               | 21. I certify that (1) (this hospital) attended the deceased from                          | m April 5   |
|               | saw the deceased alle on April 19 1962, and the  | hat death occured at  |
|               |  | 22b. DATE   |
|               | 220. SIGNATURE   | ATTENDING MED. STAFF  |
|               | My Church Was  | M.D. PHYS. DIRECTOR PHYS. X 4/20/02   |
|               | 22c. PHISICIAN'S   | 22d. ADDRESS  |
|               | NAME (Type)  CEPACETAN DIGGO M D   | VAH FT HOWARD, MARYLAND   |
| 22            | SEBASTIAN RUSSO, M.D.  B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER        |   |
|               | REMOVAL (Specify)  | Balto. Maryland.  |
|               | Burial 4-23-62 Balto. Nar supers Signature Address   | ional Cenetery By REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| 24            | FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 256. REGISTRAR 256. REGISTRAR'S SIGNATURE   |
|               | Wm.Cook Blight Inc. 6009 Harford Rd. B   | alto. 14 DATE APR 2 4 162 Outling & Kring   |
| _             |  | CALLED TO THE REAL PROPERTY OF THE PARTY OF |

ASSOCIATION OF PREPARABLE SECURITIES ASSOCIATED TO THE SECURITIES. SALDIDARS TO THE CRE MINUTE WHEN OF Covers Md. Dock Lilight line. 5009 the Yord We Salto. IN Mar Est Lilight Line State Company

# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is seary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

## MARYLAND STATE DEPARTMENT OF HEALTH

| Division of ST | ATISTICAL RESEAR | CH AND RECORDS,   | 301 W. PRESTON S | TREET, | BALTIMORE 1 | , MARYLAND |
|----------------|------------------|-------------------|------------------|--------|-------------|------------|
| 04278          | MEDICAL          | <b>EXAMINER'S</b> | CERTIFICATE      | OF I   | DEATH       | OADIYE     |

| 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Re   | sidanca before admission) |
|--|---------------------------|
| Baltimore MARYLAND 8. STATE Maryland 6. COUNTY R. J.   | Limase                    |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL end   | giva nearest town)        |
| Fort Howard Baltimore  |                           |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS   | a. IS RESIDENCE           |
| Veterans Administration Hospital 1009 Sumpter Avenue   | YES NO                    |
| 3. NAME OF First Middle Last 4. DATE Month OF  | Day Yaer                  |
| (Type or print) JOHN H. LITTLE DEATH APRIL 9   | 1962                      |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 Y lest birthday) Months D.   |                           |
| Male White WIDOWED DIVORCED 3/18/05 57 yrs. Months Di  | ys Hours Min.             |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZ  | EN OF WHAT COUNTRY?       |
| A1 00  | S.A.                      |
| 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   | Dana                      |
| Harry Little Annie Kessler   |                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address  |                           |
| Yes 12/27/27:5/11/28 216-07-2897 Clin. Rec. VAH, Fort Howard, Marylan  | 3                         |
| 1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  | I INTERVAL BETWEEN        |
| DART I DEATH WAS CAUSED BY.  | ONSET AND DEATH           |
| IMMEDIATE CAUSE (0) MASSIVE PULMONARY INFARCT  | 5 MINUTES_                |
| DUE TO   |                           |
| Conditions, if any, which \ (b) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE   |                           |
| geve rise to immediate ceuse  (e), steting the underlying  DUE TO  |                           |
| cause last. (c)  |                           |
|  | (e) 19. WAS AUTOPSY       |
| None   | PERFORMED?                |
| 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert t or Pert II of item 18.)  |                           |
| Market Control of the |                           |
| 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Count factory, street, office bldg., etc.)   | y) (Stete)                |
| 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X,  | and in my opinion         |
| death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner   |                           |
|  |                           |
| ACTUAL CHIEF MEDICAL EXAMINER C  |                           |
| SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER  | DATE SIGNED               |
| EXAMINER'S NAME (Type) M. B. DAVIS, M.D. Address (Street, city, town, or county)   | 1/9/62                    |
| 228. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)  | 1                         |
| DEMOVAL (Creation)   | (Stete)                   |
| REMOVAL (Specify) 4 , 2 / 2  |                           |
| REMOVAL (Specify) Burial 4-12-62 Moreland Memorial Cemetery Baltimore, Maryland ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG   | 1                         |

在1000mm 1000mm 10000mm 1000mm 1000mm 1000mm 1000mm 1000mm 10000mm 10000mm 10000mm 10000mm 1000mm 1000mm 1000mm 1000mm 1000mm 1000mm 1000mm 1000mm 10 Man geam, Dreads material who we would Cusch Superval Michel 171 . Monnou ave Bongorle . Actual

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04279

04276

| 03460  |   |   |   |   |                                     |                                    |
|--|---|---|---|---|-------------------------------------|------------------------------------|
| 1. PLACE OF DEATH  o. COUNT BALT   | TIMBRE  | MARYLAND                                      | 2. USUAL RESIDENCE (WHO a. STATE MARYLAP                          | here deceased lived. If institution b. COUNTY | on: Residence before a              | admissian)                         |
| b. CITY OR TOWN (If ou<br>RURAL and give neare<br>ROSEDA   | utside corporate limits, write<br>ist town)<br>LE             | c. LENGTH OF STAY IN 1b                       | c. CITY OR TOWN (IF O   | outside corporate limits, write R             | URAL and give nearest               | t town)                            |
| OR INSTITUTION   | (If not in hospitol, give street<br>cosedale Medic            |   | 1 d. STREET ADDRESS   | UTH 46th                                      | Season                              | S RESIDENCE<br>ON A FARM?<br>ES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print)  | ALICE   | Middle E.                                     | MADDOX  | 4. DATE MON DEATH APRIL                       | Day                                 | Year<br>19 6 2                     |
|  | COLOR OR RACE 7. MAR  | RIED NEVER MARRIED DIVORCED DIVORCED          | B. DATE OF BIRTH May 6, 1915                                      | 9. AGE (In years lost birthday)               | IF UNDER 1 YEAR IF<br>Months Doys H | UNDER 24 HRS<br>aurs Min.          |
| 10a. USUAL OCCUPATION during mast af warking CASHIRR   | life, even if refired)  | . KIND OF BUSINESS OR IND<br>Hochschild, Kohi |   | ore, Maryland                                 | U.S.A                               |                                    |
| 13. FATHER'S NAME  | Guy Holdito   | h   | Nellie Lu   |   |                                     |                                    |
| 15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye no   | N U. S. ARMED FORCES? 16<br>es, give war or dates of service) |   | informant<br>obert L. Madde                                       | Add<br>x,523 S. 46th                          |                                     | e 24                               |
| PART I. DEATH IM  420 1  Conditions, if ony, gave rise to imm couse (o), stoting the lying couse lost. | which (b) H   | PERTENSIVI                                    | E HEART   | PISEASE                                       | ONSET                               | AL BETWEEN<br>AND DEATH            |
| САТІС  |   |   |   | Root Law Part II of Stem 19.                  |                                     | WAS AUTOPSY PERFORMED? ES NO       |
|  | CAUSE OF DEATH  | SCRIBE HOW INJURY OCCUR                       | CED. (Enter nature of injury in                                   | ron I ar Part II of Hem Ib.)                  |                                     |                                    |
| 20c. TIME OF INJURY Hour a. m. p. m.   | Month, Day, Year 20d.<br>19 Whil-<br>at wo                    | e Nat while                                   | PLACE OF INJURY (Home, farm<br>foctory, street, affice bldg., etc | c.)   | (County)                            | (Stote                             |
| saw the deceased   | (1) (this haspital) attendable an APRIL)                      | ded the deceased fram                         | APRIL 18 19   | 5M, from the causes ar                        | 1962, that<br>nd an the date st     | ated abave                         |
| 20. SIGNATURE  | S. Out  | h, m.D.                                       | M.D. PHYS.  | IED. STAFF PHYS.                              | L                                   | 226. DATE<br>SGNER                 |
| 22c. PHYS CIAN'S<br>NAME (Type)  | HN G. C   | RTH   | 22d. ADDRESS<br>8019 P1   | HILADELPHIA                                   | ROAD                                |                                    |
| 23a. BURIAL, CREMATION,<br>BURIAL (Specify)  | 23b. DATE THEREOF 4-21-62                                     | 23c. NAME OF CEMETERY  Meadowrid              | or CREMATORY ge Cemetery  | 23d. LOCATION (City, town, Elkridge, 1        |                                     | (Stote)                            |
| 24. FUNERAL DIRECTOR'S S   |   | ADDRESS                                       | 2So. REC  | In .  | ISTRAR'S SIGNATURE                  |                                    |
| wm. Cook, Inc  | c., IZI/ St.P   | aul Street, Zon                               | e / DATE  | - 20 02 Con                                   | thur S. Thrace                      |                                    |

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ADING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

Page 4

VR A1S (4) 15M 9/59

| HINGUIS HANKINGS OF STATE OF S | PERSON DE L'ANTINA SON ET               | ATE OF HELD SHAPE |           |  |
|--|---|-------------------|-----------|--|
|  |   |                   | 0.0000    |  |
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|  |   | en rappole        |           |  |
|  |   |                   |           |  |
|  |   |                   |           |  |
|  |   | 21 Peter 314/390  | Land Land |  |
| 1  | Table 1 Table 1 Table 1                 | COLUMN 19-12      | WED WELL  |  |

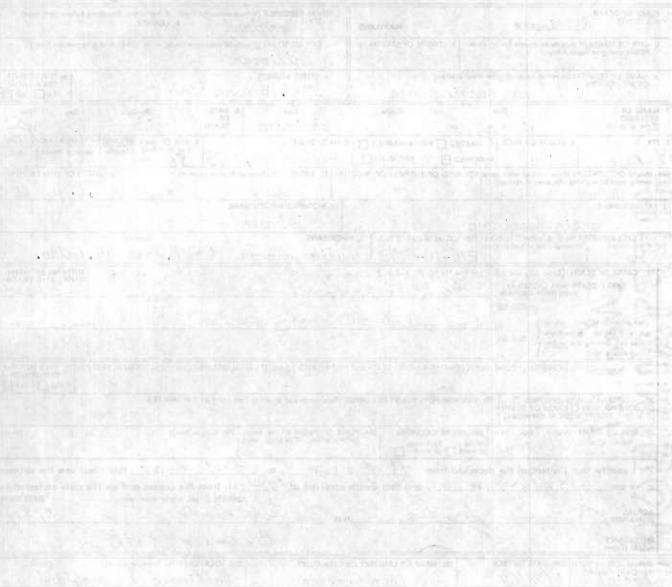
VS A1S (4) 15M 9/S5 I

# 04280

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 04277

| 1. PLACE OF DEATH o. COUNTY Baltinore MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY |
|---|---|
| b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)                          | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Baltimore  2 10 1 - 4           |
| Journ   |   |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Holy Hill Manon Nursing Home | d. STREET ADDRESS 27 N. Potomac Street  on a FARM? YES NO D   |
| 3. NAME OF First Middle DECEASED (Type or print) Signart  | Martinson  A. DATE Month Day Year OF DEATH April 25 1962  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED  | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  |
| Male White WIDOWED ☑ DIVORCED ☐   | October 28, 1875 86 yrs. Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)               | OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY                                      |
| unknown   | Norway U, S.A   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| Martin Martinson  | unknown   |
|   | INFORMANT Address   |
| (Yes, no or unknown)   (If yes, give wor or dates of service)   |   |
| no 216-10-8742  | Lydia Johnson 428 N. East Ave. Balto.   |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]                                 | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerclan  | / humbais 10 days   |
| 327 V DUE TO  |   |
| 5 1 6   | temalani-   |
| Conditions, If ony, which gave rise to immediate (b)  | matym.  |
| cause (a), stating the <u>under-</u>  |   |
| lying cause last. (c)   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI  | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?                    |
| CV  | YES NO  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI  | RED. (Enter nature of injury in Port 1 or Port II of item 1B.)  |
| 3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e.  | PLACE OF INJURY (Home, farm,   20f. (City or town) (Caunty) (State)   |
| To White Divol White  | factory, street, affice bldg., etc.)  |
|   |   |
| 21. I certify that I attended the deceased from 4/10/   | 6 V, 19 ta 4 VJ 6 V , 19 that I last saw the deceased   |
| alive on 4/24/67, 19, and that dea  | th occurred at 12:41 M, from the causes and an the date stated above  |
|   | ADDRESS (Street, city or town, state)  DATE SIGNED  |
| SIGNATURE X Commen DA Eng   | 40 11 E. Charle 4/27/6  |
|   |   |
| PHYSICIAN'S<br>NAME (Type)  | Balk V ml   |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY   | OR CREMATORY 22d. LOCATION (City, town, or county) (State)  |
| REMOVAL (Specify) 4/28/62 Oak Lawn (  | Cemetery Baltimore Manyland   |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  |
| a.1 1 M 2000 C 0 1 C.   |   |
| John A. Moran 3000 E. Raltimore St  | DATE MAY 7 160  |
|   | That I, Though  |



FOR STATE TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is spay, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH PHISTORY STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04278

| BARYLAND  MARYLAND  MARYLAND  C. LINGTH OF STAY IN TO  2. CITY OR TOWN [if cubicle component limits,  C. LINGTH OF STAY IN TO  2. CITY OR TOWN [if cubicle component limits,  C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle component limits,  R. C. CITY OR TOWN [if cubicle cubi | • COUNTY  Baltimore  |                            | a, STATE                            | (Where decessed lived, If ins    |                 | e before edmissi |
|--|--|----------------------------|-------------------------------------|----------------------------------|-----------------|------------------|
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| 18. CAUSE OF DEATH [Enter only one cours per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSE BY;  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which give rise to immediate cause (e), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Peri I or Peri II of Item 18.)  REMINARY   OR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Peri I or Peri II of Item 18.)  REMINARY   OR CONTRIBUTING   20d. INJURY OCCURED, (Enter nature of Injury in Peri I or Peri II of Item 18.)  PART II. Toertify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER   Accident   Signature   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Signature   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Signature   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Signature   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Signature   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   Accident   Accident   Suicide   Homicide   COMMINICAL EXAMINER   Accident   Ac | (Yes, no, or unkown)   (Ifyes give weror detes of service)                       |                            |                                     |                                  |                 |                  |
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| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While of work 19 w | 3 /1Abe13  |                            |                                     |                                  | YE              | . —              |
| 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ADDRESS Address (Street, city, town, or county)   |  | BE HOW INJURY OCCURED. (   | Enter neture of Injury in Pert I or | r Pert II of Item 18.)           |                 |                  |
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| death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner .  CHIEF MEDICAL EXAMINER . L. L  |  | ains described above, he   | ald an Autopsy . Ins                | pection [ Inquiry                | [] - and i      | n my opinio      |
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| BUTAAL POCOMOKE City Md.  23. FUNERAL DIRECTOR ADDRESS  ADDRESS  POCOMOKE City Md.  240. REC'D BY REGISTRAR'S SIGNALIZE  1 7 769  Outling & Thanks   | 22e. BURIAL, CREMATION, 22b. DATE THEREOF  | 22c. NAME OF CEMETERY OF   |                                     |                                  | country)        | (Stete)          |
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| JOHN J. DUDA 7922 Wise Ave. 22, Md. DATE APR 17'62 Cullun X. Thanks  | 23. FUNERAL DIRECTOR   | ADDRESS                    |                                     | Y REGISTRAR   246. REGIST        | RAR'S SIGNATUR  | RE               |
|  | JOHN J. DUDA 7922 Wise   | Ave: 22 Mc                 | DATE AP                             | p 17'62 a                        | ithur I. The    | LANCE CO.        |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04282 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased fived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATMaryland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporata fimits, write RURAL and give nearest town) Severn 17 Days Fort Howard hours after d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route 1 Box 359A Danza Road Veterans Administration Hospital completely papers. NAME OF DATE Month 72 DECEASED April MAYR DEATH (Type or print) CTARENCE G. within carbon 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED pue last-birthday) April 19,1915 WIDOWED DIVORCED | Male physician 12. CITIZEN OF WHAT COUNTRY? remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE (County & State, or foreign country) done during most of working life, evan if ratirad) Baltimore, Maryland Transfer Co. Chauffer please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME C attending Gertrude Grief Clarence G. Mayr Then 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? that the Clinical Records, VAH, Fort Howard, Maryland (Yas, no, or unkown) | (If yas giva war or datas of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I. DEATH WAS CAUSED BY: RESIDUAL SQUAMOUS CELL CARCINOMA, RIGHT LUNG signed IMMEDIATE CAUSE (a) XXXXXX ending BILATERAL PNEUMONIA Conditions, if any, which gave rise to immediate ceuse (a), stating the undarlying has METASTASIS TO STERNUM, RIBS AND RIGHT KIDNEY the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) certificate CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that ( this hospital ) attended the deceased from March saw the deceased alive on April 22a. SIGNATURE ATTENDING DIRECTOR PHYS. death. Page 4 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S HOSPITAL, FORT HOWARD, MARYLAND RUSSO, M.D. rector, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. REMOVAL (Spacify) Ritchie Highway, Glen Burnie, Md. 0 5 6 Cedar Hill Cemetery Burial Glen Burnie, Marylands. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MONERAL DIRECTOR'S SIGNATU VR A15 (4)

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COLUMN COCCUME INCURRANTE

al director, be filed with NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by thospital or ottending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shouther registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR MYST MAY TO FUNERAL DIRECTOR (4) 12 (4) page 3 should in the control of the contr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04283

## **CERTIFICATE OF DEATH**

04280

|   |  |  |   |   | Kad. Dist. 140.   |
|---|--|--|---|---|---|
| PLACE OF DEATH     O. COUNTY                                    | BALTIMORE  | MARYLAND   |   | There deceased lived. If institution RYLAND b. COUNTY | n: Residence before admission)  |
| b. CITY OR TOWN<br>RURAL and give                               | (If outside corporate limits, v                            | write c. LENGTH OF STAY IN 16                        | c. CITY OR TOWN (IF   | outside corporate fimits, write RU                    | RAL and give nearest town)  |
| 7   | SVILLE   | 1 WEEK   | BA  | LTIMORE   | 3 V 11.4  |
| d. NAME OF HOSP   | ITAL (If not in hospital, give                             |  | d. STREET ADDRESS   |   | e. IS RESIDENCE   |
| HOUSE IN  | 77   | S, FUSTING AV  | 4225 WIC  | KFORD RD.   | ON A FARM? YES NO NO  |
| 3. NAME OF<br>DECEASED<br>(Type or print)                       | ELIZAB.  | $ETH$ $M_ullet$                                      | Mc Govern   | 4. DATE Month OF DEATH APR                            | 0 00  |
| 5. SEX  | 6. COLOR OR RACE 7.  | MARRIED NEVER MARRIED                                | B. DATE OF BIRTH  |   | IF UNDER 1 YEAR IF UNDER 24 HRS.                                      |
| FEMALE  | WHITE W  | IDOWED DIVORCED                                      | ARO   | 77 74 yrs.  | Months Days Hours Min.  |
|   | ION (Give kind of work done                                | e 10b. KIND OF BUSINESS OR IND                       | USTRY 11. BIRTHPLACE (Stote                                   | or foreign country)                                   | 12. CITIZEN OF WHAT COUNTRY   |
|   | DUB - HEALT  |  |   | IMORE. MD.  |   |
| 13. FATHER'S NAME   | U.B. HEALIT  | N NURSE DAD  | 14. MOTHER'S MAIDEN   | NAME  |   |
| Tarana  | D Maryann  | UI   | 440   |   |   |
| JAMES  15. WAS DECEASED EV                                      | FR IN U. S. ARMED FORCES                                   | R N<br>57 16. SOCIAL SECURITY NO. 17.                | INFORMANT   | A SHAUGHNESS  | SY  |
| [Yes, no, or unknown]   | (If yes, give war or dates of service                      | 0)   |   | ~ 4005  |   |
|   |  | 10   | LARA M. MC  | GOVERN 4225   | WICKFORD RD.  |
| PART I. DE  | EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO             | per line for (o), (b), and (c).]                     | of Blace  | Cles  | INTERVAL BETWEEN ONSET AND DEATH                                      |
| Conditions, if gave rise to couse (o), stating lying couse lost | the under-   |  |   | 7_4   |   |
| 3 Br  | THER SIGNIFICANT CONDITIONS                                | ions contributing to DEATH BU                        | alinta Ila  | INAL DISEASE CONDITION GIVEN                          | N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO                      |
| OR CONTRIBUTING   | VAS UNDERLYING 1 20th G CAUSE OF DEATH Y MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCURR                        | ED. (Enter noture of injury in                                | Port I or Port It of item 18.)                        |   |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                        | 10   | 20d. INJURY OCCURRED While Not while of work of work | PLACE OF INJURY (Home, for actory, street, office bldg., etc. | m, 20f. (City or town)                                | (County) (State)  |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)                        |  | CAL  | 1 , 19.50 , to h accurred at 8 A  M.D. 6821 Re Back           |   | that I last saw the deceased and an the date stated above DATE SIGNED |
| REMOVAL (Specify  | 4/5/62   |  | EDRA L  | 22d. LOCATION (City, town, or BALTIMORE               | r Mo  |
| 23. FUNERAL DIRECTOR  |  | ADDRESS  |   | D BY REGISTRAR 24b. REGIST                            | -1 0 10   |
| H. W/ ME  | CARS & SON   | 805 N. CALV  | ERT ST DATE   | UPR 6 '62   Can                                       | Thurs S. Fines.   |

|         | ET, TROMIT, AS-HILLES                   | A NO THEFT | SKE O STATE | GMALYSIAM: |    |
|---------|---|------------|-------------|------------|----|
|         | NA.                                     | LAD STRON  | CERTIF      |            |    |
|         | 11 11 11 11 11                          |            |             |            |    |
|         |   |            | , T         |            |    |
|         | La company and the                      | 7          | H 30        | ( 3 )      |    |
|         |   |            | 4           |            | 7, |
|         | * , , , , , , , , , , , , , , , , , , , | 1.0.       | E (13/70)   |            |    |
|         | $T_{r} = 0$                             |            |             | *          |    |
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|         |   |            |             |            |    |
| • • • • |   | L L        | 100         |            |    |

| O HOSPITAL CALIFORNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma be retained by the hospital or attending physician. | CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. |
|--|--|
| ALC ATTENDING PHYSICIAN:   | AL DIRECTOR: After this certificate hige 3 should be detached for use as the the State Dept. of Health prior to buri   |
| death Pag  | director, pa   |

VR A15 (4) 15M 9/60

| MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS, 2  |                                    | ALTH<br>REET, BALTIMORE 1, M   | ARYLAND  |
|---|------------------------------------|--|--|
| OL294 CERTIFICATE   | OF DEATH                           |  | 04281  |
| PLACE OF DEATH  6. COUNTY  Baltimore  MARYLAND  b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b                               | •. STATE Maryland                  | here decessed lived, If Institutions b. COUNTY  Ba de corporata limits, write RURAL as | ltimore  |
| write RURAL and give neerest town)  Owings Mills  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)                        | d. STREET ADDRESS                  | ills   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO (1)                    |
| Chattolance & Valley Roads NAME OF First Middle DECEASED (Type or print) Priscilla Stewart  |                                    | ATE Month  FEATH April 7   | Dey Yeer<br>19 62  |
| 7. MANGED   NEVER MANGED  | DATE OF BIRTH 6-11-1876            | 9. AGE (In yeers   IF UNDER   Months   S yrs.  | 1 YEAR IF UNDER 24 HRS. Days Hours Min. TIZEN OF WHAT COUNTRY? |
| no during most of working life, even if retired)  Housewise  FATHER'S NAME  | Maruland  14. MOTHER'S MAIDEN NAME |  | ISA  |
| Charles Morton Stewart  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 15. no. or unkown) ((Ifyesgive were dates of service)) | Josephine Lw                       | rham Address   |  |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:   | mes McHenry                        | Glyndonl M   | INTERVAL BETWEEN ONSET AND DEATH                               |
| Conditions, if any, which (b) Vas eular   | rend des                           | ias .  | 10 years.  |
| gave rise to immediate cause (a), stating the underlying DUE TO Parkin Sharing causa last.  | disers                             | e.   | 2 years.   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT   |                                    | SEASE CONDITION GIVEN IN PAI   | 19. WAS AUTOPSY PERFORMED? YES NO                              |
| 206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                    |  |  |
| Hour e.m. While Not While facto   | ory, streat, office bldg., etc.)   |  | unty) (Stete)  |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on   |                                    | from the causes and on   |  |
| 222 SIGNATURE PLUSINES M.I  | D. ATTENDING MED. DIRECTO          | OR PHYS.   | au. 9 Signed   |
| NAME (Type) Palmer F. C. Williams  B. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C  |                                    | Ourp hu  | Us. Me.  |

REMOVAL (Specify)

St. Thomas'

Garrison Forest
250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

H.W. Jenkins & Sons Co. 4905 York Rd., Balto., Md. DATE IPR 12'62

18810 78630 where the specific of the control of 3131-11-2 em (1937) — pendilan estable altered or trades I want to be a the second of the second Proche of your Tales --There I Called who and which there were La thought it is to the English Colored Strategy Transition of the strategy Hardwine & Sont Co. 496E Pont Rd., Cater. Co. or William & Sont Co.

| 110 11   | 2  | te            | ms 18-21                             | Film 311 4   | MAR           | YLANDSTATE                  | DEPART           | MENT             | OF HEALT               | Н                           |                  |            | V ===               |
|--|----|---------------|--------------------------------------|--|---------------|-----------------------------|------------------|------------------|------------------------|-----------------------------|------------------|------------|---------------------|
| VI 172   | 2  |               | A Pinjajop                           | of STATISTICAL                                       | RESEA         | RCH AND RECOR               | DS, 301 W        | . PRESTO         | N STREET, I            | BALTIMO                     | RE 1, MAI        | RYLAND     |                     |
| FOR STATE  |    |               | 04235                                | WEL  | DICA          | L EXAMINE                   | R'S CERT         | TIFICA'          |                        | EATH                        | 04               | 282        | ,                   |
| HEALTH DEP   | M  |               | LACE OF DEATH                        |  | tem-          | 9 Film 0311                 |                  |                  | CE (Where decease      | ed lived, If Ir             | stitution: Rasid | nce before | edinission)         |
| Page,  | 4  |               |                                      | ltimore Cou  | ntv           | MARYLAN                     | a. STA           |                  | land                   | b. COUNT                    |                  | more       | 30.                 |
| 01 1 Wo T  |    | ŧ             |                                      | outsida corporete limits,                            |               | c. LENGTH OF STAY IN        | lb c. CITY       | OR TOWN          | If outside corporete   | limits, write               | RURAL and giv    | neerest to | vn)                 |
| 9 4 7 9  | 16 |               | Tous                                 | CON  |               |                             | X                | Tows             | son                    |                             |                  |            |                     |
| lay is necestarial director. For your Board of I   |    | (             | . NAME OF HOSPITA                    | AL OR INSTITUTION (if                                | not in hosp   | pitel, give street eddress) | d. STR           | EET ADDRESS      |                        |                             |                  | a. IS R    | ESIDENCE<br>A FARM? |
|  |    |               | 274                                  | Burke Aven   | ue            |                             |                  | 274              | Burke Av               | enue                        |                  |            | NO N                |
| E 0 1000   |    | 1             | NAME OF<br>DECEASED                  | First  |               | Middle                      | La               | est              | 4. DATE<br>OF          | Month                       | De               | y Yee      | r                   |
| . 0 0 - 0  |    |               | Type or print)                       | ANGEL  | IA            | v.                          |                  | AHON             | DEATH                  | April                       | 16,              | 19         | 62                  |
| d 3 to ay b with with s aft  |    | 5.            | SEX                                  | 6. COLOR OR RACE 7                                   | . MARRIEI     | D NEVER MARRIED             | 8. DATE OF E     |                  | 384                    | GE (In years   it birthdey) | Months Days      | Hours      | MIn.                |
| frer dea<br>2, and 3<br>5 may<br>of 2 wil  |    |               | emale                                | MITTO  | WIDOWE        |                             | MAY 2            | 1                | 1/6                    | 7 yrs.                      |                  |            |                     |
| 2 9 6 2  |    |               |                                      | ON (Give kind of work<br>king life, even if retired) | 106. KI       | ND OF BUSINESS OR INDU      | STRY 11. BIRTH   | HPLACE (Stete    | or foreign country     | )                           | 12. CITIZEN      | OF WHAT    | COUNTRY?            |
| our.<br>Par<br>Par<br>Par<br>Par<br>In   | K  |               | ERK - NE                             | TIRED  | FEU.          | KES, BANK                   | TVIA             | RYLAI            | VD                     | ,                           | USH              |            |                     |
| ive Pages 1<br>PM3. Page 1<br>ive pages 1  |    | 13,           | lake                                 | MaMalan  |               |                             | 14. MOTH         | ER'S MAIDEN      | NAME                   |                             |                  |            |                     |
| できる 下に は 1   | -) | 15            | WAS DECEASED EVE                     | RIN U.S. ARMED FORCE                                 | ES2   16      | SOCIAL SECURITY NO.   1     | 7. INFORMAN      | CE X             | nauness,               | Address                     |                  |            |                     |
| 2 00 0 ± 3   | /  | {Yes          | , no, gr unkown)   (If               | yes give wer or detes of ser                         | vice)         | SOCIAL SECORITY NO. 1       | /. INFORMAT      | 1 0.             | carda                  | Address                     |                  |            |                     |
| ecuted wit<br>in Item 18.<br>ng with fo<br>sit permit.   |    |               | NO                                   | EATH [Enter only one c                               | ause per li   | ine for (e) (h) and (c) )   | Family           | 1/ Ke            | coras                  |                             | 1.0              | NTERVAL BE | TWEEN               |
| Sit District   |    |               | PART I. DEATH                        | WAS CAUSED BY:                                       |               | cowning                     |                  |                  |                        |                             |                  | NSET AND   |                     |
|  |    | 4             | 999                                  | MMEDIATE CAUSE (a)                                   | 1/1           | OWILLIE                     |                  | -                |                        |                             |                  |            |                     |
| should be<br>ng" in pen<br>'s Office<br>a burial-removal,  |    |               | Conditions, if eny,                  | DUE TO   |               |                             |                  |                  |                        |                             | -                |            |                     |
|  |    | 3             | gava rise to immedie                 |  |               |                             |                  |                  |                        |                             |                  |            |                     |
| pending spending saminer's aminer's sed as a son, or relative  | -4 |               | (a), steting the un cause lest.      | derlying (c)   |               |                             |                  |                  |                        |                             |                  |            |                     |
| ertificate  1 "pendin  Examiner  e used as   | 1  | Z             | PART II. OTHER                       | 1-7  | ONS CON       | TRIBUTING TO DEATH BUT      | NOT RELATED T    | TO THE TERMI     | NAL DISEASE CON        | IDITION GIVE                | N IN PART 1(e)   |            |                     |
|  | 2  | CERTIFICATION | Acute                                |  |               |                             |                  |                  |                        |                             |                  | YES X      | NO TO               |
| IR: This the wor Medical Should balk crema   |    | TIFIC         | 200. EXTERNAL CA                     | USE WAS 20   | b. DESCRI     | BE HOW NULLY OCCURE         | D. (Enfer nature | of injury in Per | t f or Part II of iten | n 18.)                      |                  | MAL        |                     |
| ER: The value of t |    | CER           | PRIMARY OF CONCAUSE OF DEATH.        | TIKIBUTING [   | Four          | nd with head                | d under          | water            | in bath                | tub                         |                  |            |                     |
| EXAMINER ste, writing the the Chief MR: Page 3 shrior to burial,   |    | MEDICAL       |                                      | Month, Dey, Year                                     |               |                             | PLACE OF INJUI   |                  |                        | lown)                       | (County)         |            | (Stete)             |
| the Car  |    | MED           | 3:00 p.m.                            | Annil 1Aº 6  | While of work | Not While                   | Home             | ince blog., etc  | Towson                 | 4 F                         | Baltimo          | re         | Md.                 |
| cate, to the prior   |    |               |                                      |  |               | ains described above        | held an Aut      | opsy X,          |                        | Inquiry                     | , an             | d in my    | pinion              |
| Certifical<br>rded to<br>ECTOR   |    |               | death resulted fr                    | om: Natural cau                                      | ses .         | Accident X,                 | uicide .         | Homicide         | , Undet                | ermined ma                  | enner 🗌          |            |                     |
| O e SH a   |    |               |                                      | 1 11   | 1             | 11                          | СН               | HEF MEDICAL      | EXAMINER [             |                             |                  |            |                     |
| MED to the forward forward L DIR   | 1  |               | ACTUAL<br>SIGNATURE                  | sword 1  | 7.            | Much                        | M.D. AS          | SISTANT MED      | ICAL EXAMINER          | X                           |                  | DATE SIG   | INED -              |
| PUTY ME execute the uid be forw  | L  |               | EXAMINER'S                           | 4  |               |                             | DE               | PUTY MEDICA      | L EXAMINER             |                             |                  |            |                     |
| DEPUTY ME ease execute it should be for FUNERAL D  |    |               | NAME (Type)                          | HOWARD G.  | SHAUE         | 22c. NAME OF CEMETER        |                  |                  | city, town, or cour    |                             | April            | 17, 1      | 962_                |
| Should FUN   | 0  | 226.          | BURIAL, CREMATION, REMOVAL (Spacify) | 111 10 101   | 7-            | 11/0/                       | 1                |                  | Do 4-                  | /                           | or country)      | (210       | [0]                 |
| 5 g 4 5 g  | h  | 23            | FUNERAL DIRECTOR                     | 1101, 10,170   | Y             | ADDRESS                     | cem              | 24a BEC          | CALLON A               | / 0 ,                       | STRAR'S SIGNA    | TURE       |                     |
| VS. A15ME  | A  | 1             | Lan her                              | un' lan  | 7             | Thom The                    | 1                | 6.5              | PR 1 9 '62             |                             |                  |            |                     |
| 5M 9/60  | ,  | 10            | VIII KUVI                            | w sons,  | 100           | world hin                   | 1.               | DATE             | 11 3 02                | - Ch                        | Chur S. Kr       | and .      |                     |

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04000

|   | 0.1.00   |
|---|--|
| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  |
| Baltimore MARYLAND  | e. STATE Marvland b. COUNTY  |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)   |
| write RURAL end give neerest town)  Towson one month  | Baltimore 31/1/4   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  | d. STREET ADDRESS   e. IS RESIDENCE  |
| Clares Carres 3 and the Manua   | 301 Northway   |
| Towson Convalescent Home NAME OF Middle   | Last 4. DATE Month Day Yeer  |
| (Type or print) David Lyon Mc   | OF   |
| CEV IA COLOR OR PACEL   | B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
| Male White NIDOWED TO DIVORCED  | July 29, 1864   last birthday)   Months   Deys   Hours   Min.  |
| IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
| Builder (Retired) Construction  | Maryland U.S.A.  |
| 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| John McPherson  | Sarah Lyon   |
|   | INFORMANT Address  |
| (Yas, no, or unkown) (Ifyasgivewarordetesofsarvice) NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c))                                    | Miss Helen McPherson #301 Northway   |
| Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause lest.  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH I/F EITHER, NOTIFY MEDICAL EXAMINER | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO } \text{ \text{ \text{M}}} \) |
| 208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                                | D. (Enter neture of injury in Pert I or Part II of item 18.)   |
|   | ACE OF INJURY (Home, farm, ctory, street, office bldg., atc.)   (City or town) (County) (Stete)  |
|   | at death occured at M.M., from the causes and on the date stated above   |
|   | M.D. ATTENDING MED. STAFF HYS. ATTENDING MED. STAFF HYS. ATTENDING MED. STAFF HYS. ATTENDING MED. STAFF  |
| 22c. PHYSICIAN'S Robert A. Reiter, M.   | D 606 Edmondson due. Balto - 28, m   |
| PEMOVAI (Specify)   | OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| Burial   April 17,62 New Cathe  |  |
|   | ork Rd; 250. RESEPTATEGISTER 25b. REGISTRAR'S SIGNATURE  |
| Henry W. Jenkins & Sons Co. Balt.   | 12. Md. DATE   |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the filled with the State Dept. of Health prior to burial, cremation, or remover any event, within 72 hours after death. 9 15M 9/60

ERSIDO: The granting and they are DARL OF VIETA antereseal and here it divines 13 miles 3124 62 41 4 14 41 41 41 tale and states 4 16/8 3 Robert A. Reiter, M.D Gob Pannikern auc Paute - 25 Del . of the water and the more and the configuration as a first that the second se Part Total Color C be .be .SI .arag.ov sact w artists. . H munol of the

### PRESTON STREET, BALTIMORE 1, MARYLAND Items 8 & 9 Film G312 5/1/62 mh 1. PLACE OF DEATH BAITIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 outside corporata limits, write RURAL and give nearast town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED DEATH (Type or print) B. DATE OF BIRTH 1880 AGD (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED TO DIVORCED I USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VA- Acco. Ca Bys . E please r attending 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, of unkown) | (If yes give wer or detes of service 2-01-114ZA PR. WMR. MILHOR GGIG N.CHARLES the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 days IMMEDIATE CAUSE (a) DUE TO tract infection - De achatus releases Conditions, if any, which geve rise to immediate ceuse DUE TO (a), steting the underlying PERFORMED? MAS UNDERENING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) NO L 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (Stete) fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work 22a. SIGNATURE SIGNED ATTENDING 4 DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 714 PARIC BUE 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) RIVERVIEW WILNINGTON 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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|                                | AND SIAIE DEPA     |              |                   |             |
|--------------------------------|--------------------|--------------|-------------------|-------------|
| DIVISION OF STATISTICAL RESEAR | CH AND RECORDS, 30 | 1 W. PRESTON | STREET, BALTIMORE | I, MARYLAND |
| 04288                          | CERTIFICATE C      | OF DEATH     |                   | 04285       |

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If institution, Resid     | ence before admission)          |
|--|---|---------------------------------|
| 8. COUNTY Baltimore MARYLAND   | a. STATE Md b. COUNTY R   | 1                               |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If outside corporate fimits, write RURAL and give  | Timer                           |
| write RURAL and give nearest town)   | c. CITI OK TOWN (II buisted corporate limits, write KOKAL and giv   | e nearast town;                 |
| Parkville  | 1 Parkville   |                                 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS   | e. IS RESIDENCE<br>ON A FARM?   |
| 1901 E. Joppa Rd.  | 1901 E. Joppa Rd.   | YES NO TO                       |
| 3. NAME OF First Middle  | Last 4. DATE Month Da   | y Year                          |
| (Type or print)  | M://an OF DEATH Anni/ 3   | 7 10 60                         |
| 5. SEX 6. COLOR OR RACELY MARRIED TO MARRIED TO  | B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEA                  | 7 19 62<br>R   IF UNDER 24 HRS. |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | last birthday) Months Days  |                                 |
| temale   white   WIDOWED   DIVORCED  | March 20, 1903   59 yrs.  |                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  | TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN | OF WHAT COUNTRY?                |
| housewite  | Pennsulvania US   | A                               |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |                                 |
| Cm: +h   | Hannington M ( and  |                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | Henrietta M. Lopp   |                                 |
| (Yas, no, or unkown) (Ifyes give war or dates of service)  | 0 1 1/ 11 11  |                                 |
|  | John K. Miller same   |                                 |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  |   | NTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Congestine he  | ait failer  | 28 days.                        |
| 421,4 DUE TO A D   |   |                                 |
| Conditions, if any, which ) (b) Valvular he  | out dereas  |                                 |
| gave rise to immediate causa   | - 01  |                                 |
| (a), stating the underlying DUE TO   | · infact  |                                 |
| (6)  | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    | 19. WAS AUTOPSY                 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATING SO   | TOT KEENTED TO THE TERMINAL DISEASE COMMINGN GIVEN IN PART (a)      | PERFORMED?                      |
| Hepperteuron.  |   | YES NO                          |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  DEPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  DEPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  208. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONDITIONS CONTRIBUTIONS  208. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CONDITIONS CONTRIBUTIONS CONTRIBUTIONS  20  | ED. (Enter nature of injury in Part I or Part II of item 18.)       |                                 |
|  |   |                                 |
|  | LACE OF INJURY (Home, farm, 20f. (City or town) (County)            | (State)                         |
| Hour a.m. While Not While of work of the w | actory, street, office bldg., etc.)                                 |                                 |
|  | Jan., 19.52 10 april - 27, 1962.                                    | 1 1 (1) ( 1) 1-1                |
| 21. I certify that (I) (this hospital) attended the deceased from  |   |                                 |
|  | at death occured at 2.2M, from the causes and on the                |                                 |
| 228. SIGNATURE   | ATTENDING MED STAFF   | 22b. DATE<br>SIGNED             |
| nee / Jargo  | M.D. ATTENDING MED. STAFF   |                                 |
| 22c. PHYSICIAN'S NAME (Type) LEF K FAIR GO ME K  | 22d. ADDRESS  | 2                               |
| TEL NING   | 8655 LOCH RAVEN   | BLVD                            |
| 230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER   | Y OR CREMATORY 23d. LOCATION (City, town or county)                 | (State)                         |
| burial 4-30-62 Loudon Par  | rk Cemetery Baltimore, Md.  |                                 |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN                       | IATURE                          |
| 1 0 0 1 0 5205 11 . 1 . 10 .   |   |                                 |
| L. J. Ruck Inc. 5305 Hargord Noal  | DATE AFT 30 02 Cultury 1  | (VANCE)                         |

EBSTAT T, Cit ... ... Delegates. 1, 1, 0, 0 and the same and the same Hardward Buck Topics Land Name of the Associations STARS MANNE HOLD SOUS INCOME SERVES & THE L. J. Kuts. Size. 3363 har ond oud

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. NO4286 14289 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission filed o. COUNTY BALTIMORE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 4 YEARS should GEEN APM. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? LONG GREEN PIKE LONG PREEN PIRE YES NO NAME OF 4. DATE DECEASED CASSANDRA (Type or print) MONKS APRIL DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HOUSEKEEPET MARYLEND USA HOUSE-WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS TACKSON MONKS ANNIE AMANDA MODENDORF 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address LONG GREEN PIKE NONE NO MR JOHNE MONKS SR GLEN ARM MarylaNO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THRITTERY DISEASE. IMMEDIATE CAUSE (0) MRCOX-7475 DUE TO PRIEROCKLEONS HERRY DISEASE, Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the under-DIABETES MELLITUS lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) Hour o. m. loctory, street, office bldg., etc.) Not while at work ot work 21. I certify that I attended the deceased from OCTEBER 12, 1961, to DECEBER 18, 1961, that I last saw the deceased , 1961 , and that death accurred at 8.04 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED Theury of mc Corples ACTUAL 4-30-62 shauld HENRY L. M.C. CORKIE MO PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) MAY2, 1962 Mt. TAbor Methodist CEM. Bural Bel Air, Hanford Co., Maryland BURGA FUNERAL DIRECTOR'S SIGNATURE W. Broadway and Williams St. 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Orthon of Thouse BEI AST Maylow 15M 10/57 JOSEPH W. Foster

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| OSPITAL OR A RIDING PHYSICIAN: The Tow requires that the death certificate be executed within 24 haurs after death. Page 4 |  | UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the sameral directar, | je 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with |  |
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|     |  | 04290 CERTIF   | ICATE OF DEAT                     | Ή                               | Reg. Dist. No.04287   |
|-----|--|--|-----------------------------------|---------------------------------|---|
| (M) | 1. PLACE OF DEATH   0. COUNTY   Baltimore   MARYLAND   2. USUAL RESIDENCE (Where deceased lived.) If institution, Residence before admission)   b. COUNTY   Maryland   b. County   b. Coun |  |                                   |                                 |   |
|     |  |  |                                   |                                 | ite RURAL and give nearest town)  |
| an  | L  | Catonsville   1 yr. 10 mg  | Balt                              | imore City                      | 3101.4  |
| 90  | 1  | OR INSTITUTION   | d. STREET ADDRESS                 |                                 | e. IS RESIDENCE<br>ON A FARM?   |
|     | -  |  | 3312                              | Hayward Ave.                    | YES NO  |
|     | 3.   | DECEASED   | Last                              | OF                              |   |
|     | -  | Onds Lob We Hooney   | — In our of the                   | Apri                            |   |
|     | 3.   |  | 7                                 | lost birthde                    | Months Doys Hours Min.  |
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|     | 1 1  | during most of working life, even if refired)  |                                   |                                 | the state of the state of the second state of |
| 1   | _  |  |                                   |                                 | U.D.A.  |
| L   |  | Unknown  | Marion                            | Virginia Gar                    | ner   |
|     | 15.  |  |                                   |                                 |   |
|     | 100  |  | Mr. George W.                     | Moonev, 3312                    | Havward Ave. Balto.   |
|     |  |  | , 7                               | 1                               | INTERVAL BETWEEN  |
|     |  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ///2 Seh                                  | tenic / hro                       | mbosis                          | ONSET AND DEATH   |
|     |  | 453.3 DUE TO   | 1-2.1 A.                          | 4.                              |   |
|     |  |  | ILEG AL                           | 1 ariosclor                     | 2725  |
|     |  | couse (o), stoting the under-  | and Harr                          | (d. D.                          | T   |
| 0   | z  | , (0)  | A BLIT NIOT DELATED TO THE TERM   | MINIAL DISEASE CONDITION        | CINCOLIN BADATA A TOP A |
|     | ICATIO   | · ·  |                                   |                                 | PERFORMED? YES NO   |
|     | CERTIF   | OR CONTRIBUTING  CAUSE OF DEATH  | URRED. (Enter nature of injury in | n Port I or Part II of item 18. |   |
|     | SCAL   |  |                                   |                                 | (County) (State)  |
|     | MEC  | 10   |                                   | 21/1/1/                         |   |
|     |  | 21. I certify that I attended the deceased from.   | , 1960 to                         | 1/0-0/99                        | ,that I last saw the decease  |
|     |  | alive an 45/5/12, and that d   | eath accurred at 3.5%             | M, fram the cause               | es and an the date stated abav  |
|     |  | Chille U   | 1                                 | ADDRESS (Street, city or to     | own, stote) DATE SIGNE  |
|     |  | SIGNATURE SIGNATURE  | M.D. 130                          | 3 Frederick R                   | $\frac{4}{2761}$  |
| 1   |  | PHYSICIAN'S W F McCmath M D  | Cod                               |                                 | / /   |
|     | 22   | NAME (Type) W. E. McGrath, M.D.  BURIAL CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETI |                                   | onsville, Md.                   |   |
|     | -  | REMOVAL (Specify)  |                                   | 22d. LOCATION (City, tov        |   |
| 1   | _  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | . Cemetery                        | Baltimore,                      | MQ.<br>EGISTRAR'S SIGNATURE   |
| M   | 1  | 6. Vernon Lemmon 4611 Park Heigh   |                                   | APR 3 0 '62                     | Clithing & Krayes   |
| 2   | =  | Control - Aven rath Heagi  | VO DOLLOO                         | P 9 6                           | TVING   |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Wm-Cook BlightInc 6009 Harford Rd Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

YEARS

PERFORMED?

NO K

(State)

22b. DATE

U.S.A.

(County)

arthur & House

Year

requires that the death may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use and the state of th death. Page 4

> VR A15 (4) 15M 7/61

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| 8  | 0   | 4292  | CERTIFICA                                 | TE OF DEAT  | Н                                   | 04               | 289                       |
|----|---|---|---|---|-------------------------------------|------------------|---------------------------|
| VI | . PLACE OF DEATH                                  |   |   |   | ICE (Where deceased lived, If Ir    |                  | e before admission        |
| 1  |   | timore  | MARYLAND                                  | a. STATE Mar  | vland b. COUNT                      | Baltim           | ore                       |
|    | b. CITY OR TOWN (if of write RURAL and g          | outside corporata limit                       | s, c. LENGTH OF STAY IN 16                | c. CITY OR TOWN   | (If outside corporate limits, writa | RURAL and give r | nearest town)             |
|    | Rural- Rand                                       |   |   | XRural- Ra  | ndallstown                          |                  |                           |
| 1  | d. NAME OF HOSPITA                                | L OR INSTITUTION (in                          | f not in hospital, give streat address)   | d. STREET ADDRESS   |                                     |                  | . IS RESIDENCE            |
| 1  | 3608 Blacks                                       | tone Road                                     |   | 3608 Blac   | kstone Road                         |                  | YES NO                    |
| 1  | 3. NAME OF  | First   | Middle                                    | Last  | 4. DATE Month                       | Day              | Year                      |
|    | (Type or print)                                   |   |   | 16  | OF<br>DEATH                         | 3.5              | 10 00                     |
|    | JV.   | rs. Margue                                    | erite J.                                  | Morgan  B. DATE OF BIRTH                                      | 19. AGE (In years                   | 15               | 19 62<br>IF UNDER 24 HRS. |
|    |   | Times a .                                     | 7. MARRIED NEVER MARRIED                  | B. DATE OF BIRTH  | last birthday)                      | Months Days      | Hours   Min.              |
|    | Female  | White   | WIDOWED DIVORCED                          | December 13,  | 1898 63 yrs.                        |                  |                           |
|    | 10a. USUAL OCCUPATIO<br>done during most of worki | N (Give kind of working life, even if retired | 10b. KIND OF BUSINESS OR INDUS            | TRY 11. BIRTHPLACE (Cou                                       | nty & State, or foreign country)    | 12. CITIZEN O    | F WHAT COUNTRY            |
|    | Housewif  |   | None                                      | Augusta,  | Georgia                             | U.S.             | A.                        |
| 1  | 13. FATHER'S NAME                                 |   |   | 14. MOTHER'S MAIDEN   |                                     |                  |                           |
| Ж  | George Gr   | eene  |   | Christine   | Roesel                              |                  |                           |
|    | 15. WAS DECEASED EVER                             | IN U.S. ARMED FOR                             |   | INFORMANT   |                                     | D2 1 4           | D.                        |
|    | (Yes, no, or unkown) (Ify:                        | as give war or dates of se                    | None Ma                                   | Poul m Ma   | rgan, Sr., Rand                     | Blackst          | one Rd.                   |
|    | No<br>I is cause of De                            | ATH IFnter only one                           | cause per line for (a) (b) and (c) le     |   |                                     | INT              | FRVAL BETWEEN             |
|    |   | WAS CAUSED BY:                                | musecardial                               | failure.  |                                     | ON               | SET AND DEATH             |
|    | 1 IM  | MEDIATE CAUSE (a)_                            | majoranaiae                               | factions  |                                     |                  |                           |
|    | 1 / 5   | DUE TO  | E. torone Co                              | cholia  |                                     |                  |                           |
|    | Conditions, if any,                               |   | Column a                                  | wyu   |                                     |                  |                           |
|    | gava rise to immediate (a), stating the und       | DUIT TO                                       | Mijocardial<br>Extreme ca<br>mitastic car | CIMPMA, DICK  | udant num                           | 100.10           |                           |
|    | cause last.                                       | (c)   | rhilastic de                              | unina ma  | many is over                        | can cr.          |                           |
| 1  | Z PART II. OTHER S                                | IGNIFICANT CONDIT                             | TONS CONTRIBUTING TO DEATH BUT I          |   |                                     |                  | 9. WAS AUTOPSY            |
|    | OIL   |   |   |   |                                     |                  | PERFORMED?                |
|    | 20a. ACCIDENT WAS                                 | LINDERLYING CT. I                             | 2Db. DESCRIBE HOW INJURY OCCUR            | FD. (Enter nature of injury In                                | Part Lor Part II of item 18 )       |                  | TO I                      |
|    | OR CONTRIBUTING                                   | CAUSE OF DEATH                                | 250. DESCRIBE NOW INSORT OCCOR            | ED. (Emai naidle or injuly in                                 | ron for tall it or nom ig.,         |                  |                           |
|    |   | 1   |   |   |                                     |                  |                           |
|    | 20c. TIME OF INJURY                               | Month, Day, Yea                               |   | LACE OF INJURY (Home, far<br>actory, street, office bldg., et |                                     | (County)         | (State)                   |
|    | Hour a.m.   | 19  | at work at work                           |   |                                     |                  |                           |
|    | 21. I certify the                                 | t (I) (HKCXDAGAD                              | attended the deceased from                | 3/12/62   | 19 104/14/62                        | 19 tl            | hat (I) (Wet la           |
|    |   |   | -/14/62 19 and th                         |   |                                     |                  |                           |
|    | 22a. SIGNATURE                                    | 3 31170 311                                   | , and III                                 | a. Journ occured dr   | mining it on the couses t           | 011 1110 00      | 22b. DATE                 |
|    | 228. SIGNATORE                                    | alana ().                                     | Lanell                                    | 20000   | MED. STAFF DIRECTOR PHYS.           | 1, 1.            | SIGNE                     |
|    | 22c. PHYSICIAN'S                                  | Anna A  |   | M.D. PHYS.  | DIRECTOR   PHIS.                    | 4/.              | 10/05                     |
|    | NAME (Type)                                       | Dr. John                                      | J. Darrell                                |   | erty Road, Rand                     | elletown         | Ma                        |
|    |   | DI . OOIIII                                   | allett                                    | 20T1 TTD  | er dy moad, and                     | TTTP (OMII       | , Mul                     |

23c. NAME OF CEMETERY OR CREMATORY

8728 Bisberty Road

Randallstown, Md.

Georgia

circling & France

23d. LOCATION (City, town or county)

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Augusta,

DATE B 1 9 '62

. . . . . . .

(State)

VR A15 (4) 15M 7/61

238. BURIAL, CREMATION, | 236. DATE THEREOF

4-18-62

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATUR

Burial

THE THE PARTY OF THE 30371 The special section is a fall of MIDERAL BROWNS - LANSING the Belliamina . Til ATTENDED OF THE PARTY OF THE PA colorable (et al. 17) The Control of the Co by . Mark the state of the search to the sea hd/alvened /edepart Latter of 1 De cool semidal later my 110.

the funeral TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 m.y be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled (1.2), the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04290

| 1. PLACE OF DEATH  a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)               |
|---|---|
| BALTIMORE MARYLAND  | a. STATE b. COUNTY B 14   |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                    |
| write RURAL and give nearest town)  | V   |
| TOWSON  | X Trow SON  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  | d. STREET ADDRESS e. IS RESIDENCE   |
| 2305 Pott Spring Road   | 2305 POTT SPRINGS AND YES NOW   |
| 3. NAME OF First Middle   | Last 4. DATE Month Day Year   |
| (Type or print) John V. H. Murray   | DEATH Annil 8 19 62   |
|   | D. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                              |
| A4 /  | A last birthday) Months Days Hours Min.   |
| Male White WIDOWED DIVORCED 1   | 949 21, 1894 67 yrs.  |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR   | RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?               |
| dong during most of working life, evan if retired)  | manula 1/50   |
| 13. FATHER'S NAME   | MARYIAND  |
| IS. FAITICKS NAME   | 14. MOTHER'S MAIDEN NAME  |
| KABERT E. MURRAY  | HOPN)   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   47.   | INFORMANT Address   |
| (Yes, no, or unkown) (Ifyesgive war or dates of service)  | 1.1d. 2 = 1 Al M. W. A. A. S. A. M. S.  |
|   | liaked in limbertal sume  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carcinetia   | Ylomach TJuly   |
|   | 10000   |
| DUE TO  |   |
| Conditions, if any, which (b)   |   |
| gave rise to immediate cause (a), stating the undarlying  DUE TO  |   |
| The same test   |   |
| (6)   | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY                   |
| O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT INC   | PERFORMED?  |
|   | YES NO 4  |
| 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED   | ). (Enter nature of injury in Part I or Part II of itam 18.)  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |   |
|   | ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) tory, street, office bldg., etc.) |
| Hour e.m. While Not While fac   | lory, street, office blag., etc.)   |
| p.m. 19 at work at work   | Mari 15 12 111:18 12  |
| 21. I certify that (I) (this happital) attended the deceased from.  | // (we) last  |
| saw the deceased alive on   | death occured at J. A.M., from the causes and on the date stated above.                             |
| 220. SIGNATORE  | 22b. DATE   |
| Laurence (V. K.)  | ATTENDING MED. STAFF PHYS. SIGNED   |
|   |   |
| 22c. PHYS CIAN'S<br>NAME (Type) /   | 22d, ADDRESS  |
| Laurence ( Post   | 6805 York Road  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY   | OR CREMATORY   23d. LOCATION (City, town or county) (State)   |
| BEMOVAL (Specify)   | 20 MATH BAIDING MA  |
| 13 NKIHL 4/10/62 13HL/1MOI  | YE IVITIL IDITAL INVIORE IVE.   |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| Leonard J. Ruck, Inc 5305 Hardord   | Rd. DATE DATE D'62 Dilhun S. Kraus  |
|   |   |

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TO HOSPITAL OR

VR A1S (4) 1SM 9/59

04294

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04291

|               | LACE OF DEATH COUNTY Baltimor    |   |             | MARYLAND                   | 0.5          | AL RESIDENCE (VIATE                      | Where deceased    | l lived. If institution b. COUNTY | on: Residence |            | mission)               |
|---------------|----------------------------------|---|-------------|----------------------------|--------------|--|-------------------|-----------------------------------|---------------|------------|------------------------|
| l t           | CITY OR TOWN (III                | f outside corporate limi<br>earest town)                | its, write  | c. LENGTH OF STAY IN 18    | 8-2          | 4  | f outside corpo   | rote limits, write R              |               |            | own)                   |
|               | Catonsv                          |   |             |                            |              | Catons                                   | sville            |                                   |               |            |                        |
| (             | OR INSTITUTION                   | AL (If nat in haspital, q                               | give street | address)                   | d. 9         | STREET ADDRESS                           |                   |                                   |               |            | RESIDENCE<br>N A FARM? |
|               | 18 Melro                         | se Ave  |             |                            |              | 18 Melr                                  | rose Av           | 8.                                |               | YES        | □ NO 🚺                 |
| 3. 1          | NAME OF                          | Fi  | rst         | Middle                     |              | Last                                     | 4. DATE           | Mon                               | ith           | Day        | Year                   |
| (             | Type or print)                   | JULIA   | 1           | NARL                       |              | 115.533                                  | OF<br>DEATH       |                                   | 11 9,1        |            | 19                     |
| S. S          | EX                               | 6. COLOR OR RACE  | 7. MARI     | RIED NEVER MARRIED         | 8. DATE      | OF-BIRTH '                               | 13,14             | 9. AGE (In yeors lost birthday)   | _             | Days Hou   | NDER 24 HRS.           |
|               | Female                           | Colored   | WIDOW       | ED DIVORCED                | Jan.         | 1,1879                                   | (E. CAL)          | 83 yrs.                           |               | 7477       |                        |
| 100           | USUAL OCCUPATION                 | N (Give kind of work                                    | done 10b.   | KIND OF BUSINESS OR IN     | DUSTRY 11.   | 8IRTHPLACE (Sta                          | ite or foreign co | ountry)                           | 12.CITIZ      | EN OF WHA  | AT COUNTRY?            |
|               |                                  | ing life, even if retired                               | 1)          |                            | 0            | harlotte                                 |                   | To.                               |               |            |                        |
| 13            | AT HOME                          |   |             |                            |              | OTHER'S MAIDEN                           |                   | ya.                               |               |            |                        |
| 10.           | ATTIER S TANKE                   |   |             |                            | 14. 70       |  |                   |                                   |               |            |                        |
| _             | Unkno                            |   |             |                            |              |  | ary Pri           |                                   |               |            |                        |
|               |                                  | R IN U. S. ARMED FOR<br>(If yes, give wor or dates of s |             | SOCIAL SECURITY NO. 17     | . INFORMA    | NT                                       |                   | Add                               | ress *        |            |                        |
|               | No                               |   | _           | None                       | Mrs. Ju      | lia Brow                                 | m.1308            | French S                          | St. Wi        | lming      | ton. Del               |
|               | 18. CAUSE OF DEA                 | TH [Enter only one co                                   | ouse per li | ne far (a), (b), and (c).] |              |  |                   |                                   |               | INTERVAL   | BETWEEN                |
|               | PART I. DEA                      | TH WAS CAUSED BY:                                       |             | Cerebral                   | Heme         | annhaga                                  |                   |                                   |               |            | Davs                   |
|               | 1215                             | IMMEDIATE CAUSE (d                                      |             | oerebrai                   | _ Hemi       | or mage                                  |                   | 17 14 7                           |               | 10 1       | Jay 5                  |
|               | ナナ                               | DUE TO  |             |                            |              |  | 7 70              |                                   |               |            |                        |
|               | Conditions, if a                 |   | Hy          | pertensive                 | Card         | Lo-Rena                                  | I Dise            | ease 6                            | yrs.          | o mo.      | . 6 da                 |
|               | couse (a), stating               |   |             |                            |              |  |                   |                                   |               |            |                        |
|               | lying couse lost.                | ) (0  | =)          |                            |              |  |                   |                                   |               |            |                        |
| O             | PART II. OTH                     | IER SIGNIFICANT CON                                     | DITIONS     | CONTRIBUTING TO DEATH B    | BUT NOT REI  | LATED TO THE TER                         | RMINAL DISEAS     | E CONDITION GIV                   | EN IN PART    | 1(a) 19. W | AS AUTOPSY<br>REORMED? |
| ATI           |                                  |   |             |                            |              |  |                   |                                   |               |            | NO T                   |
| CERTIFICATION | 20a. ACCIDENT WA                 | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER           | 20b. DES    | CRIBE HOW INJURY OCCUR     | RRED. (Enter | noture af injury i                       | in Port I or Par  | t II of item 18.)                 |               | 182        |                        |
|               |                                  |   | 1           |                            |              |  | Tast ver          |                                   |               |            |                        |
| MEDICAL       | 20c. TIME OF INJUR<br>Hour o. m. | Y Manth, Doy, Ye  | While       | Nat while                  |              | INJURY (Home, fa<br>set, office bldg., e |                   | or town)                          | (Co           | ounty)     | (Stote)                |
| 2             | p. m.                            | . /IV /Abia basaisa                                     |             | ded the deceased fran      | Ton          | Znd :                                    | 1056 1-1          | nn Oth                            | 106'          | 2 46-4 /   | 11. /                  |
|               |                                  |   |             |                            |              |  |                   |                                   |               |            |                        |
| 2             |                                  | ed alive on An  | c. 9        | th_1962, and tha           | t death a    | ccurred at 1,                            | 1.M, fram         | the causes an                     | d an the      | date sta   |                        |
|               | 22g. SIGNATURE                   | VIA   | 1-          | North Day                  | AI           | TENDING as                               | MED.              | STAFF                             |               | - 0        | 22b. DATE<br>SIGNED    |
|               | 9-7                              | 17/04   | GN          | y the                      |              | TENDING H                                | DIRECTOR          | PHYS.                             | Ap:           | r.IOt      | th 62                  |
| 1             | 22c. PHYSICIAN'S<br>NAME (Type)  | Omm as a  |             | 11 -                       | 220          | d. ADDRESS                               |                   |                                   |               |            |                        |
|               |                                  | CFF.Malo  | ney,        | Vi.D.                      | 0            | 57 Wint                                  | ers La            | ine-/dat                          | tonsv         | ille,      | Md.                    |
| 23a           | BURIAL, CREMATIO                 |   | OF          | 23c. NAME OF CEMETERY      | OR CREMA     | ATORY                                    | 23d. LOCA         | TION (City, tawn,                 | ar county)    | (          | Stote)                 |
|               | REMOVAL (Specify)                | 1   | 0           | Wash and St                | et al.       |  | Oct               | - F. F. berner                    | 364           |            |                        |
| 24            | FUNERAL DIRECTOR                 | 4-12-196<br>S SIGNATURE                                 | 2           | Mestern St                 | ar           | 25g pr                                   | C'D 8Y REGIST     | CONSVILLE                         | STRAR'S SIG   | NATUREA    |                        |
|               |                                  |   |             |                            |              |  |                   | 62                                | COUNT 20.     | , Common   |                        |
|               | F. C. Higint                     | othom, Elli   | cott        | City, Md                   |              | DATE                                     | AND SERVICE       |                                   |               |            |                        |

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| 1991, 1.154        |                           |                   | ALC:                |        |
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TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

|   | 21400  |   |   |  | 04.632   |
|---|--|---|---|--|--|
| 1. PLACE OF DEAT  | Н  |   |   |  | f institution: Rasidance bafore admission)                 |
| Ba  | ltimore  | MARYLAND                                | a. STATE Max  | ryland b. cou                          | Baltimore  |
| write RURAL an  | (if outside corporate limits, d giva nearest town)           | c. LENGTH OF STAY IN 16                 |   | (If outsida corporata limits, wri      | ite RURAL end give nearest town)                           |
|   |  | ot in hospital, give straet address)    | d. STREET ADDRES                                      | S                                      | e. IS RESIDENCE  |
| 2526 Sy   | camore Avenu   | e                                       | 2526 Syc  | amore Avenue                           | YES NO   |
| 3. NAME OF<br>DECEASED<br>(Typa or print)                         | First  Luth  | Middla                                  | Owens   | 4. DATE Mon OF DEATH AT                | pil 13 1962  |
| 5. SEX  |  | MARRIED NEVER MARRIED UVIDOWED DIVORCED | 8. DATE OF BIRTH August 14.                           | 9. AGE (In year last birthday) 61 yrs. | s IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.  |
| 10a. USUAL OCCUPA   | TION (Giva kind of work                                      | 106. KIND OF BUSINESS OR INDUST         |   | unty & State, or foraign country       | 12. CITIZEN OF WHAT COUNTRY                                |
| Steel Wo  | orking lifa, avan if retirad) <b>rker</b>                    | Steel Mill                              | Augusta,  | Georgia                                | U.S.A.   |
| 13. FATHER'S NAME   |  |   | 14. MOTHER'S MAIDE                                    | N NAME                                 |  |
| John Owe  | ns   |   | Unknow  | n                                      |  |
|   | /ER IN U.S. ARMED FORCE<br>Ifyasgivawarordatasofserv<br>WW I | ica)                                    |   | Jr 2526 S                              |  |
| Conditions, if an gave rise to immed (a), stating the cause last. | diata causa undarlying DUE TO                                | ons contributing to death but n         |   | Nor deveave                            | IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?               |
| OR CONTRIBUTING   | AS UNDERLYING 2 2 2 3 CAUSE OF DEATH Y MEDICAL EXAMINER)     | Ob. DESCRIBE HOW INJURY OCCURE          | D. (Enter natura of injury i                          | in Part I or Part II of item 18.)      | YES NO L   |
| 20c. TIME OF INJ<br>Hour e.m.<br>p.m.                             | URY Month, Day, Year   |   | ACE OF INJURY (Homa, factory, streat, office bldg., a |  | (County) (State)   |
|   | that (I) (this hospital                                      | ) attended the deceased from            | 2-23  | 1962 to April                          | , 19 (12), that (1) (we) last and on the date stated above |
| 22a. SIGNATURE  | In Ve Conw   | ay a.D.                                 | M.D. ATTENDING PHYS.                                  | MED. STAFF DIRECTOR PHYS.              | 22b. DATE<br>SIGNE<br>4-(3-6)                              |
| 22c. PHYSICIAN'S<br>NAME (Type                                    | John V. Con  | JWAY, M.D                               | 22d. ADDRESS<br>914 D                                 | STREET                                 | BALTO.19, Md.  |
| 23a. BURIAL, CREMAT<br>REMOVAL (Specify<br>Burial                 | 100, 236. DATE THEREC  | Baltimore                               |   | Baltimore,                             |  |
| 24 FUNERAL DIRECTO  | R'S SIGNATURE  | ADDRESS                                 | 25a. F  | REC'D BY REGISTRAR 256. R              | EGISTRAR'S SIGNATURE                                       |
| Charles F   | . Law 802 Ma   | dison Ave., Balto                       | Md. DATA  | R 17'62   a                            | Thur S. Kraus  |

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Description 4-17-62 Baltimore Mational Saltimore, Maryland

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CERTIFICATE OF DEATH

| 03400  | Reg. Dist. Ng. 1   |
|--|--|
| 1. PLACE OF DEATH o. COUNTY Baltimore MARYLANI   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY                               |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  | c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Baltimore  3 Vol - 4                                 |
| d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Forest Haven Nursing Home   | d. STREET ADDRESS 405 E. Hamburg St.  e. IS RESIDENCE ON A FARM? YES   NO  |
| 3. NAME OF DECEASED (Type or print) MYRTLE B. PI   | EPERSACK  4. DATE Month Doy Year OF DEATH April 4, 1962  |
| 5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE  -   | Baltimore. Md.   |
| 13. FATHER'S NAME George B. North  | 14. MOTHER'S MAIDEN NAME   |
|  | Marclena Ozmon  / INFORMANT Address  |
| [Yes, no. or unknown) [(If yes, give war or dates of service)  | Francis J. Pepersack 7318 Yorktown Dr.   |
| Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  (c)  | MECCITES EMA   |
|  | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 17 NO 17                          |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | RRED. (Enter nature of injury in Port I or Port II of item 18.)  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work at work   | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)                                 |
| 21. I certify that I attended the deceased fram 7 alive an 1962 and that deceased fram 1964 and that deceased fram 1964 and that deceased fram 7 a | ath occurred at 3 M, fram the causes and an the date stated abave  ADDRESS (Street, city or town, state)  M.D. SEC EN SAU NOS 94 1945. |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER   | OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)   |
| Burial 4/7/62 Holy Rede  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE   |
| JOHN F. DENNY, INC. 715 Light  | St. DATE APR 1 0 '62 Colling S. Thomas   |

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. MOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

death. Page 4

TO HOSPITAL OR

| E OF DEATH   | Persuition .            |  |  |
|--|-------------------------|--|--|
|  |                         |  |  |
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| TOTAL TOTAL CONTRACT OF STREET   |                         |  |  |
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DIVISION OF STATISTICAL DESFAUCH AND DECORDS 201 W DESTAN **BALTIMORE 1, MARYLAND** 

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| HOW OF STATISTICAL | ALSEARCH AND ALCORDS, SOI W. PALSION SIRELI, BALLIN |
|--------------------|---|
| 04297              | CERTIFICATE OF DEATH                                |
|                    |   |

| U L J i  |  | UL DESIGNATION                            |
|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Balto. MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence as STATE Md b. COUNTY Balt   |   |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  White Marsh  c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL end gi   | ive neerest town)                         |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | Box 1027 Beach Avenue  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO X |
| Box1072 Beach Avenue  3. Name of First Middle Deceased (Type or print) Charles Pil   | II.  | 18 19 62                                  |
|  | 8. DATE OF BIRTH  8. 12- 1877  9. AGE (In years   IF UNDER 1 YE.   Months   Day   Da | AR IF UNDER 24 HRS.                       |
| Silver Smith Gorham Co   | 77 7 7   | S A                                       |
| Samuel Pilkington  | 14. MOTHER'S MAIDEN NAME Emma King   |   |
| 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((Ifyesgive werordates of service) NO 037-05-0026 MY  | INFORMANT rs OliveL. Bragg Box 1027 Beach  | Avenue                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Myocar  | rdial Ischemia   | ONSET AND DEATH 2 WKS.                    |
| gave rise to immediate cause progressive a   | emolytic disease, chronic  | several yrs.                              |
| (a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   | OT DELATED TO THE TERMINAL DISEASE COMMITTION CINEMAN AND AND A  | ) 10 W/AC ALIZONOV                        |
| Chronic urinary retention du  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF CAUSE  OR CONTRIBUTING CAUSE OF CAUSE  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF CAUSE  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH |  | PERFORMED?                                |
|  | D. (Enter nature of injury in Part I or Part II of item 18.)   |   |
|  | ACE OF INJURY (Home, farm, ctory, street, office bidg., etc.) (County)   | (Stete)                                   |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive onApril71962, and that  |  |   |
|  | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  | 22b. DATE<br>4/19/62                      |
| PHYSICIAN'S NAME (Type) Theodore E. Evans, M.D.  | 22d. ADDRESS 9660 Belair Rd36-Md.  |   |
| 236. BURIAL, CREMATION, 23b. DATE THEREOF PURISH 14-21-1962 St John's Ep.  |  | (State)                                   |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG   |   |

DATE

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled indirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 7/61

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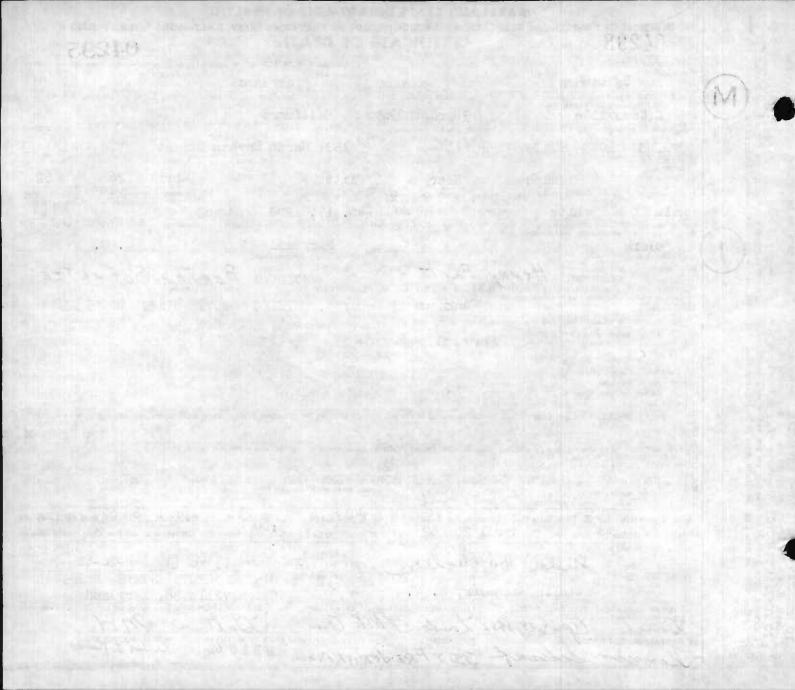
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04298 CERTIFICATE OF DEATH 04295

| 1. PLACE OF DEATH  |   |                |                             | 2         | . USUAL RESI          | DENCE (W        | here decees      |               | Institution: Re |             |                         |
|--|---|----------------|-----------------------------|-----------|-----------------------|-----------------|------------------|---------------|-----------------|-------------|-------------------------|
| a. COUNTY Bal  | timore  |                | MARYLAI                     | av        | e. STATE              | ary lar         | nd               | b. COUN       | ITY             |             | /                       |
| b. CITY OR TOWN (in  | outside corporefe limi                          | ts,            | c. LENGTH OF STAY IN        |           | c. CITY OR TO         |                 |                  | limits, write | RURAL end       | give neeres | t town)                 |
| write RURAL end<br>Cat on SV                                     | give neerest town)                              |                | 38yr8mth29                  | dvs       | Balti                 | more            |                  |               |                 | 2 .//1      | . 4                     |
|  |   | if not in hose | pitel, give street eddress) | ay o      | d. STREET ADD         |                 |                  |               |                 | ] V G I     | IS RESIDENCE            |
|  |   |                |                             |           | 1507 No:              | nth Da          | mhom             | Stron         | -               |             | ON A FARM?              |
| SPRING GR  | OVE STATE                                       | nosi           | PITAL                       |           | LOUT NO.              |                 | ATE              | Month         |                 | Day         | Yeer                    |
| DECEASED<br>(Type or print)                                      |   |                |                             | 73        |                       | C               | FEATH            |               |                 |             |                         |
| 5. SEX   | Addlph  |                | Henry                       |           | litt                  |                 |                  | Apr           | IF UNDER 1      |             | 19 62<br>NDER 24 HRS.   |
| 3. SEX   |   | 7. MARRIED     | NEVER MARRIED               |           | ATE OF BIRTH          |                 | las              | t birthdey)   |                 | Deys Hou    |                         |
| male   | white   | WIDOWE         |                             |           | b. 17, 1              |                 | 1 6              |               |                 |             |                         |
| 10a. USUAL OCCUPATI  | ON (Give kind of work                           | 10b. KI        | ND OF BUSINESS OR INI       | DUSTRY    | 11. BIRTHPLACE        | (County & S     | tete, or forei   | gn country)   | 12. CITI        | ZEN OF WH   | AT COUNTRY              |
| clerk  |   |                |                             |           | Maryl                 | and             |                  |               | U.              | S.          |                         |
| 13. FATHER'S NAME  |   |                |                             | 14        | . MOTHER'S MA         |                 |                  |               |                 |             |                         |
| ıın  | known He  | NRY            | PLitt                       |           | מנו                   | known           | BEL              | Tha           | Sal             | h427        | TIE                     |
| 15. WAS DECEASED EVE   | R IN U.S. ARMED FOR                             | CES? 16.       | SOCIAL SECURITY NO.         | 17. INF   | ORMANT                | 111100011       | FLA              | Address       |                 | /           |                         |
| (Yes, no, or unkown) (If unknown                                 | yesgive weror detesofs                          | ervice)        | unknown                     | Rec       | ords: S               | PRING           | GROV             | E STA         | ATE H           | OSPITA      | IL                      |
|  | EATH (Enter only one                            | ceuse per li   | ne for (a), (b), end (c).]  |           |                       |                 |                  |               |                 |             | L BETWEEN               |
| PART I. DEATH  | WAS CAUSED BY                                   |                |                             |           |                       |                 |                  |               |                 | ONSET A     | ND DEATH                |
| 111 0  | MMEDIATE CAUSE (e)                              | 511            | ateral pnew                 | HOLLTS    | t                     |                 |                  |               |                 | -           |                         |
| 1-01   | DUE TO  |                |                             |           |                       |                 |                  |               |                 |             |                         |
| Conditions, if eny   |   |                |                             | -         |                       | 12.21           |                  |               |                 | -           |                         |
| (e), steting the un  | DIJE TO   |                |                             |           |                       |                 |                  |               |                 |             |                         |
| ceuse lest.  | ) (c)   |                |                             |           |                       |                 |                  |               |                 |             |                         |
| PART II. OTHER   | SIGNIFICANT CONDI                               | TIONS CON      | TRIBUTING TO DEATH B        | UT NOT R  | ELATED TO THE T       | ERMINAL DI      | ISEASE CON       | DITION GIV    | EN IN PART      | 1(e) 19. W  | AS AUTOPSY<br>ERFORMED? |
| EAS  |   |                |                             |           |                       |                 |                  |               |                 | YES [       | NO X                    |
| PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING UP EITHER, NOTIFY | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES       | CRIBE HOW INJURY OCC        | CURED. (E | nter nature of inju   | iry in Pert I o | or Pert II of it | tem 18.)      |                 |             |                         |
| 20c. TIME OF INJU  | RY Month, Dey, Ye                               | er   20d, I    | NJURY OCCURRED   20         | e. PLACE  | OF INJURY (Home       | e, farm, ; 20   | f. (City or t    | own)          | {Cour           | nty)        | (Stelle)                |
| 20c. TIME OF INJU  |   | While          |                             | factory   | , street, office bldg | g., etc.)       |                  |               |                 |             |                         |
| P  | 19  | et worl        |                             |           | 12 1 7 Ola            |                 | 25               | 1 20 200      | 26              | 60          |                         |
| 21. I certify t  | hat 30 (this hospi                              | tal) attend    | ded the deceased f          | rom       | ury za                |                 | -, to            |               | L               | US, that (  | (I) (364 las            |
| saw the deceas   | ed alive on                                     | April          | 26 <sub>19</sub> 62, and    | that d    | eath occured          | atM             | , from the       | e causes      | and on t        | he date st  |                         |
| 22e. SIGNATURE   | Gella   | Wa             | clasles                     | M.D.      | ATTENDING PHYS.       | MED.            |                  | TAFF<br>HYS.  | 4-              | 26-62       | 22b. DATE<br>SIGNE      |
| 22c. PHYSICIAN'S<br>NAME (Type)                                  | Stella  | Wachs          | Ler, M. D.                  |           | 22d. ADDRESS          | D.I.I.          |                  | ROVE          | STATE<br>Mary   |             | PITAL                   |
| 23a. BURIAL, CREMATI   |   |                | 23c. NAME OF CEME           | TERY OR   | CREMATORY             |                 |                  |               | wn or county    |             | (Stete)                 |
| REMOVAL (Specify)  | april 9   | 8, 1962        | Landon                      | Park      | · 18m.                | >               | 19 11            | enior &       | m               | d.          |                         |
| 24 FUNERAL DIRECTOR  | 'S SIGNATURE                                    | 11102          | ADDRESS                     |           | 2Sa                   | REC'D BY        | REGISTRAR        | 2Sb. RE       | GISTRAR'S S     | SIGNATURE   |                         |
| - I  | w lake  | "1             | DELL FOR                    | 100       | - 1.4                 | 1PR             |                  |               | wither &        | Thank       |                         |
| 1. Kerma   | eona  |                | JOID! KE                    | DIE       | 16 K F) WADA          | I E             |                  | 1             |                 |             |                         |

TO HOSPITAL CALIENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

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certificate

DIRECTOR:

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| Aprell SA, 1962 |                              | 424  | Dear 5 15             |
| historial afth  | Rosewood Light, Owings       | .d.H., 34  | Und .D yresR\y        |
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| 40 1  | 1    | tem 18 Film 314 6/4/MARYLAND STATE DEPARTMENT OF HEALTH  |                                   |
|---|------|--|-----------------------------------|
| 3   |      | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1   | , MARYLAND                        |
| FOR STATI   | E    | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 04297                             |
| HEALTH DEF  | T.   | PLACE OF DEATH Item 1c Film G31 2. TOTAL RESIDENCE (Where deceased lived, If institution   | tion. Paridance before admirria61 |
| > º ·   | 1    | a. COUNTY b. COUNTY  | non: Residence before admission)  |
| Page les.   |      | Baltimore Maryland Maryland  |                                   |
| S S TI  |      | b. CITY OR TOWN (if outside corporate limits, write RUR) write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RUR)   | AL and give neerest town)         |
| y is meessary, I director. Page or your files. oard of Health,  | KI   | Catonsville   5 Months 4 days Baltimore  | 3 vo1 . 4                         |
| ral directo<br>I for your<br>Board of   | 111  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  | 9. IS RESIDENCE<br>ON A FARM?     |
|   |      | Spring Grove State Hospital 1124 W. Pratt Street   | YES NO IN                         |
| iny del<br>a funera<br>tained<br>State f<br>eath.   |      | 3. NAME OF First Middle Last 4. DATE Month   | Dey Year                          |
| The share   |      | (Type or print) Albert D. Pocklington, Sr.   | 1962                              |
| 4 4 4   |      | 5. SEX 7/10 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UN  | DER 1 YEAR   IF UNDER 24 HRS.     |
| dea<br>nay<br>wit   |      | m (Advisor ) Months of the control o |                                   |
| ther de<br>2, and<br>5 may<br>d 2 w<br>hours  |      | 106. USUAL OCCUPATION (Give kind of work 106 KIND OF RUSINESS OF INDICTORY) 11 RIPTHER OF STATE OF THE PROPERTY OF THE PROPERT | 2. CITIZEN OF WHAT COUNTRY        |
| 1,1,1,2   |      | dop6 Juring most/of Borking life, even if retired)   | . CHIZEN OF WHAT COUNTRY          |
| hour ages 3. P.s. ges 1   |      | PIPE COURT EN CONT 134240 TOOC   |                                   |
| C C C   | 1    | 11/ 1) 0 11  | /                                 |
|   |      | PLOEPT D. TOCKLINGTON MARGARET STOPWOOD  | <b>A</b>                          |
|   |      | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no grunkown) (Ifyos give war or dates of service)  | 11240.                            |
| 7   |      | NO YYO-01-14YICHRISTINA O. FOCKLINGTON   | PRAH ST                           |
|   |      | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  | INTERVAL BETWEEN ONSET AND DEATH  |
|   |      | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Bronchopneumonia with abscess formation  | ONSET AND DEATH                   |
| 000-  |      | 025X DUETO Company named a   |                                   |
| should be<br>g" in per<br>s Office<br>a burial-l  |      | Conditions, if any, which  |                                   |
| _ = =   |      | gave rise to immediate cause   |                                   |
| ate addin din as a se or r  |      | (a), steting the underlying DUETO couse last.  |                                   |
| 0 = = 0   |      | (6)  | DART 1/-): 10 WAS AUTORSY         |
|   | 2.1  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  20a. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB | PERFORMED?                        |
| his worrical  |      | CONTRACTOR OF THE PROPERTY OF  | YES X NO                          |
| he vedinoul   |      | 20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of Item 1B.)  |                                   |
| ME NE   |      |  |                                   |
| writing writing Chief I   |      | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 19 at work 19 at w | (County) (State)                  |
| X 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |      | p.m. 19 at work et work  |                                   |
| L EX.   |      | 21. I certify that I took charge of the remains described above, held an Autopsy x. Inspection . Inquiry   | , and in my opinion               |
| F-1 2.2   |      | death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner   |                                   |
| MEDICA<br>to the certification of | 146  | CHIEF MEDICAL EXAMINER   |                                   |
| MED the forward of DIR  | 77.1 | ACTUAL ACCUSTANT MEDICAL EVALUATED THE   | DATE SIGNED                       |
|   | 2    | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER  |                                   |
| CUTY ME execute the ld be forward Dissignated   | 2    | (EXAMINER'S _ '  | April 8, 1962                     |
| ON SEC.   |      | NAME (Type) R. Breitenecker, M. D. Address (Street, city, town, or county)  20, BURIAL, CREMATION, 22b. DATE THEREOF 22. NAME OF CEMETERY PROCREMATORY   22d. Jacation (Gry, town, or county)  |                                   |
| O DI sho O Ft   |      | (REMOVAL (Specify) 10 April 191 houdon Frot PEW 19ALTO   | no                                |
| H   | 0    | ADDRESS ( )   248. REC'D BY REGISTRAR   246. REGISTRAR   246. REGISTRAR  | D'S SIGNIATURE                    |
| VS. A15ME   | 4    |  |                                   |
| 5M 9/60   | 11   | OTTO Walters PARTY STRICKER STS DATE APR 1 0 '62 Orthon  | S. Fline                          |
|   |      |  |                                   |

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 12 & Tilm G312 5/1/62 iwk CERTIFICATE OF DEATH

| / | 04301 ltems 1  | CERTIFICA                                | ATE OF DEATH   | 1 WK                            | Reg. Dis                         | .042                      | 298                      |
|---|--|--|--|---------------------------------|----------------------------------|---------------------------|--------------------------|
| ) | 1. PLACE OF DEATH o. COUNTY  BALTIMORE   | MARYLAND                                 | 2. USUAL RESIDENCE (Who o. STATE                             | ere deceased lived. If<br>b. C  | institution: Residence OUNTY BAL | e befare add              | mission)                 |
|   | b. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town)  BALTIMORE  | c. LENGTH OF STAY IN 16                  | c. CITY OR TOWN (IF o  | utside carporate limits,<br>TO, | write RURAL and g                | ive nearest t             | lawn)                    |
|   | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 7500 DURWOOD R  | ddress)                                  | d. STREET ADDRESS  | 2.WOOD 1                        | 20.                              | OI                        | RESIDENCE<br>N A FARM?   |
| 1 | 3. NAME OF First DECEASED (Type or print)  | Middle                                   | PODLES   | 4. DATE<br>OF<br>DEATH          | Month 4                          | Day 24                    | Year<br>1962             |
| / | 5. SEX    6. COLOR OR RACE   7. MARRI   WIDOWE   | D DIVORCED                               | 8. DATE OF BIRTH = 7 /4/16                                   | 9. AGE (In last bir             |                                  | Days Hou                  | NDER 24 HRS.<br>urs Min. |
|   | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | KIND OF BUSINESS OR INDU                 | STRY 11. BIRTHPLACE (State PAST CHRIS                        | M                               | 12. CITI                         | ZEN OF WI                 | AT COUNTRY?              |
|   | 13. FATHER'S NAME  UACOB Podles  |  |  | THE RINE                        | unkno                            | wn.                       |                          |
|   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. S. (19s. no. or unknown) (If yes, give wor or dates of service)  | social security No. 17. 1<br>2-07-9045 1 | FINGELA PO   | DLES 7                          | Address<br>1500 Dui              | 2 WOOL                    | Rd.                      |
|   | 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. | e for (a), (b), and (c). Mesother        | liana Periter  | ilum                            |                                  | INTERVAL<br>ONSET A       | BETWEEN<br>ND DEATH      |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CO   | nglysena -                               | Histofamosis   |                                 |                                  | 1(o) 19. W/<br>PEI<br>YES | RFORMED?                 |
|   |  | RILE HOW INJURY OCCURRE                  |  |                                 | 18.]                             |                           |                          |
|   | 20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While at wark   | Nat while for                            | ACE OF INJURY (Home, farm, ctary, street, office bldg., etc. |                                 | (C                               | ounty)                    | (State)                  |
|   | 21. I certify that I attended the decease alive on March (3, 196  ACTUAL SIGNATURE ACTUAL SIGNATURE  |  | occurred ot 4 A  | _M, from the co                 |                                  |                           |                          |
|   | PHYSICIAN'S MANUEL   | P. DELEON                                | J  | Bo                              | 4 34,1                           | vd.                       |                          |
|   | 220. BURIAL, CREMATION, 22b. DATE THEREOF BURINL 4/28/62   | 22c. NAME OF CEMETERY OF                 | OF MARY  | BALTO,                          | fown, or county)                 | Q (S                      | State)                   |
|   | 23. FUNERAL DIRECTOR'S SIGNATURE   | DUNDALK I                                | DATE DATE  | BY REGISTRAR 24                 | b. REGISTRAR'S SIG               |                           |                          |

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death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

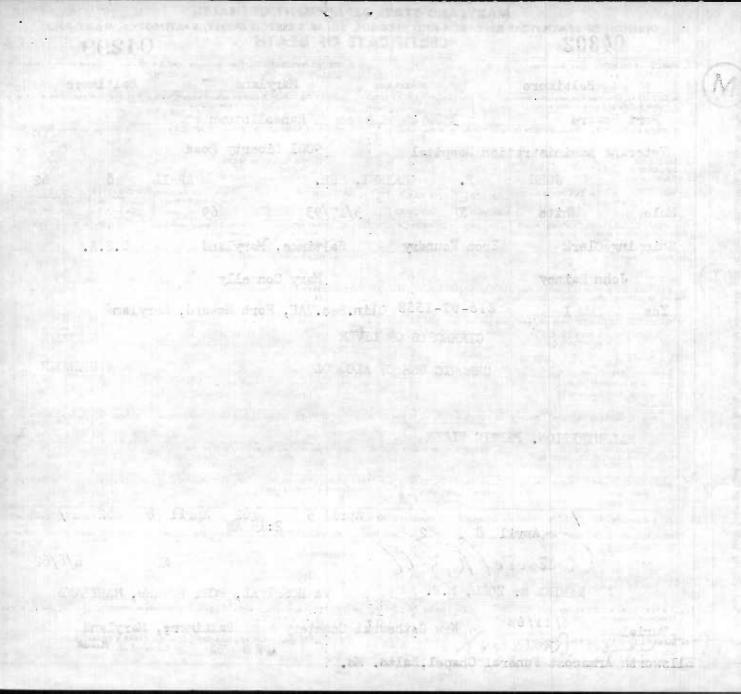
ATTENDING PHYSICIAN: TO HOSPITAL death. Page 4 m

VR A1S (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04302 CERTIFICATE OF DEATH

| 9 2 9 9 10   |                               |  |                                     | CO.             |                               |
|--|-------------------------------|--|-------------------------------------|-----------------|-------------------------------|
| 1. PLACE OF DEATH  e. COUNTY   |                               |  | ICE (Where dacassed lived, If       |                 | nce before edmission          |
| Baltimore  | MARYLAND                      | e. STATE Mary  | rland b. COUN                       | Baltin          | nore                          |
| b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)           | c. LENGTH OF STAY IN 16       | - W  | (If outside corporate limits, write |                 |                               |
| Fort Howard  | 3 Davs                        | X Rand   | allstown                            |                 |                               |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in  |                               | d. STREET ADDRESS  |                                     |                 | e. IS RESIDENCE               |
| Waterson Administration  | . 11                          | 9007 T-  | iberty Road                         |                 | YES NO X                      |
| Veterans Administration  | n nospi tal                   | Last   | 4. DATE Month                       | Da              |                               |
| (Type or print)  JOHN  | P. RAINEY                     | , SR.  | DEATH APRIL                         |                 | 1962                          |
| 6. COLOR OR RACE 7. MAR  | RIED NEVER MARRIED B          | . DATE OF BIRTH  | 9. AGE (In years last birthday)     |                 |                               |
| Male White WIDO  | WED X DIVORCED                | 3/17/93  | 69 yrs.                             | Months Days     | Hours Min.                    |
| 0s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | . KIND OF BUSINESS OR INDUSTR | - 1  | anty & State, or foreign country)   | 12. CITIZEN     | OF WHAT COUNTRY               |
|  | ron Foundry                   | Baltimore,   | Mameland                            | U.S.A           |                               |
| 3. FATHER'S NAME   | OII - Outlaily                | 14. MOTHER'S MAIDEN                                      | NAME                                | U.D.F           | •                             |
| John Rainey  |                               | Mary Co  | nnelly                              |                 |                               |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   | 16. SOCIAL SECURITY NO. 17.   | NFORMANT   | Address                             |                 | -,4.2.2.4.1                   |
| Yas, no, or unkown) (Iffyesgivewarordetesofservice)  | 16-07-1558 674                | m Pag WAN T  | Park Harrand Ma                     | See Come        |                               |
| 18. CAUSE OF DEATH [Enter only one cause p.  | C oh ohy                      | n.nec.van,   | Fort Howard, Ma                     | ryland          | NTERVAL BETWEEN               |
| PART I. DEATH WAS CAUSED BY:   | CIRRHOSIS OF LI               | VER  |                                     |                 | NSET AND DEATH                |
| IMMEDIATE CAUSE (a)  | Olimpion of Th                |  |                                     |                 | INKNOWN                       |
| DUE TO   | CHRONIC USE OF A              | T COHOT  |                                     | T               | INKNOWN                       |
| Conditions, it any, which (b)  | HRUNIC USE OF A               | LCOHOL   |                                     |                 | MILLIAMIA                     |
| (a), steting the underlying DUE TO   |                               |  |                                     |                 |                               |
| cause last. (c)  |                               |  |                                     |                 |                               |
| PART II. OTHER SIGNIFICANT CONDITIONS  | ONTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERM                                    | INAL DISEASE CONDITION GIV          | EN IN PART 1(e) | 19. WAS AUTOPSY<br>PERFORMED? |
| MALNUTRITION. PEPT   | C ULCER                       |  |                                     |                 | YES NO                        |
|  | DESCRIBE HOW INJURY OCCURED   | . (Enter neture of injury in                             | Pert I or Pert II of item 18.)      |                 |                               |
| Hour a.m. W  |                               | CE OF INJURY (Home, fee<br>ory, street, office bldg., et |                                     | (County)        | (State).                      |
| 21. I certify that () (this hospitel) att  | ended the deceased from.      | April 5  |                                     | 8, 1962,        | that (/) (we) la              |
| saw the deceased alive on April  | 8 1962 and that               | deeth occured at.  | M, from the causes                  | and on the      | date stated abov              |
| 22e. SIGNATURE   | 110/00                        | i i  |                                     |                 |                               |
| (Vanily  | VC30-ll M                     | D. PHYS.   | DIRECTOR PHYS.                      |                 | 14/8/62 DATE SIGNE            |
| 22c. PHYSICIAN'S<br>NAME (Type) DANTET D 703   | LL, M.D.                      | 22d. ADDRESS   | mar nomm rock                       | ****            |                               |
|  |                               |  | TAL, FORT HOWA                      |                 |                               |
| REMOVAL (Specify) 4/11/62  | New Cathedra                  |  | Baltimore,                          |                 | (Stete)                       |
| A SUNGAN DIRECTOR'S ASSIGNATIONE LA A A A  | ADDRESS                       | 25a PF   | C'D BY DECISTRAD 256 DEC            | GIŞTRAR'S SIGN  | ATURE                         |
| Great Comaco   |                               |  | PR 9 '62 a                          | Khung J. The    | W/B                           |
| llsworth Armacost Funeral  | Chapel Balto.                 | Md . DAIL  |                                     |                 |                               |



# the funeral nours after TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noons of death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the first of funeral death of the filled in the first of filled in the first of filled in the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 04303  | CERTIFICAT                      | E OF DEATH                     | 1                                   | 04200                                  |
|--|---------------------------------|--------------------------------|-------------------------------------|--|
| 1. PLACE OF DEATH  |                                 | 2. USUAL RESIDEN               | CE (Where deceased lived, if i      | nstitution: Residence petore admission |
| Baltimore  | MARYLAND                        | a. STATE Md.                   | b. COUN                             | Baltimote                              |
| b. CITY OR TOWN (if outside corporate limits,  | c. LENGTH OF STAY IN 1b         | c. CITY OR TOWN                | (If outside corporete fimits, write | RURAL and giva nearest town)           |
| write RURAL and give nearest town)   |                                 | X Dunde                        | rlk                                 |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in  | hospilel, giva street address)  | d. STREET ADDRESS              |                                     | e. IS RESIDENCE                        |
| 1227 Willow Road   |                                 | 1227                           | Willow Road                         | YES NO                                 |
| 3. NAME OF First   | Middle                          | Last                           | 4. DATE Month                       | Day Year                               |
| (Typa or print) Quen & Ran   | 1011                            |                                | DEATH /                             | 29 19 62                               |
| 5. SEX   6. COLOR OR RACE   7. MAR   | RIES NEVER MARRIED 1 8          | . DATE OF BIRTH                | 9. AGE (In years                    |  |
| male white wido  | WED DIVORCED                    | 6-12-1922                      | 39 sirthday)                        | Months Days Hours Min.                 |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | KIND OF BUSINESS OR INDUSTR     | Y 11. BIRTHPLACE (Cou          | nty & State, or toreign country)    | 12. CITIZEN OF WHAT COUNTRY?           |
| (onductor (freight)  | enna. R. R.                     | Maryla                         | nd                                  | USH                                    |
| 13. FATHER'S NAME  |                                 | 14. MOTHER'S MAIDEN            | NAME                                |  |
| Daniel Rameu   |                                 | Grace 1                        | Inn trye                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unkown) (Ifyesgivewarordetesofsarvice)   | 16. SOCIAL SECURITY NO. 17.     | NFORMANT                       | Address                             |  |
| ues  | 218161299 Ro                    | salie y. 1                     | Kamey -                             | same                                   |
| 187 CAUSE OF DEATH [Enter only one ceusa p   | er line for (e), (b), end (c).] |                                |                                     | INTERVAL BETWEEN ONSET AND DEATH       |
| PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (e)  | Prumonia                        |                                |                                     | 4 days                                 |
| 4341 DUE TO  |                                 | ,                              |                                     |  |
| Conditions, if any, which \ (b)  | Coma utive                      | Heart                          | Failure                             | 8 gens.                                |
| gave rise to immediata causa   | - Vacant                        | ,                              |                                     | 1                                      |
| (a), stating the underlying  | 0                               |                                |                                     |  |
| (6)  | ONTRIBUTING TO DEATH BUT NO     | T RELATED TO THE TERM          | NAL DISEASE CONDITION GIVE          | EN IN PART 1(a) 19. WAS AUTOPSY        |
| PART II. OTHER SIGNIFICANT CONDITIONS OF SIG | ulbar Palio                     |                                |                                     | PERFORMED? YES NO                      |
| 2Da. ACCIDENT WAS UNDERLYING     20b. I  | DESCRIBE HOW INJURY OCCURED     |                                | Part I or Part II of item 18.\      | ILS [] NO []                           |
| □ 2Da. ACCIDENT WAS UNDERLYING □ 20b. [ OR CONTRIBUTING □ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)  | PEDGINGE FIGHT HOOK! OCCURED    | , trust material of miles y    |                                     |  |
| ZOE TIME OF INITIPY Month Day Year 120   | d. INJURY OCCURRED   20a. PLA   | CE OF INJURY (Homa, far        | m, ; 2Df. (City or town)            | (County) (Stata)                       |
| Hour a.m. W  |                                 | ory, streat, office bldg., etc |                                     |  |
| 21. I certify that (I) (this hespital) att   | ended the deceased from         | 4/26                           | 19.67 to 4/2                        | 9., 19.6.7 that (1) (wa) last          |
| // .   | ,                               | /                              | 1.18                                | and on the date stated above.          |
| 22a. SIGNATURE   |                                 |                                |                                     | 22b. DATE                              |
| Ronald & Key   | ser, m. W. M                    | D. PHYS.                       | MED. STAFF DIRECTOR PHYS.           | 30 APRIL 1962                          |
| 22c. PHYSICIAN'S   | ,                               | 22d. ADDRESS                   |                                     |  |
| NAME (Type) RONALDE.   | KEYSER, M                       | 1 4016                         | MOODRIDGE                           | Rd. BALTO. 29 MG                       |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY           | OR CREMATORY                   | 23d. LOCATION (City, tow            | rn or county) (State)                  |
| I REMOVAL (Spacify)  | Rolain Mam                      | Condons                        | Ralain N                            |  |

24 FUNERAL DIRECTOR'S SIGNATURE

Harford Rd.

25a, REC'D BY REGISTRAR MAY 4 162

25b. REGISTRAR'S SIGNATURE

Out IV 1 - 1 - 1 The second of the second of the second Same of a sharehold for the same languages plant du seun Some of sugar made of the second ROWNER L. Keysee Mid down West Charles I downers L. J. 1. 120 2 120, 1303 1102 Jake 10.

| 00 | - Le |  |
|----|------|--|
| 1  | 18   |  |
| 4  | 1    |  |

TO HOSPITAL CALTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 4 max be retained by the hospital or attending physician.

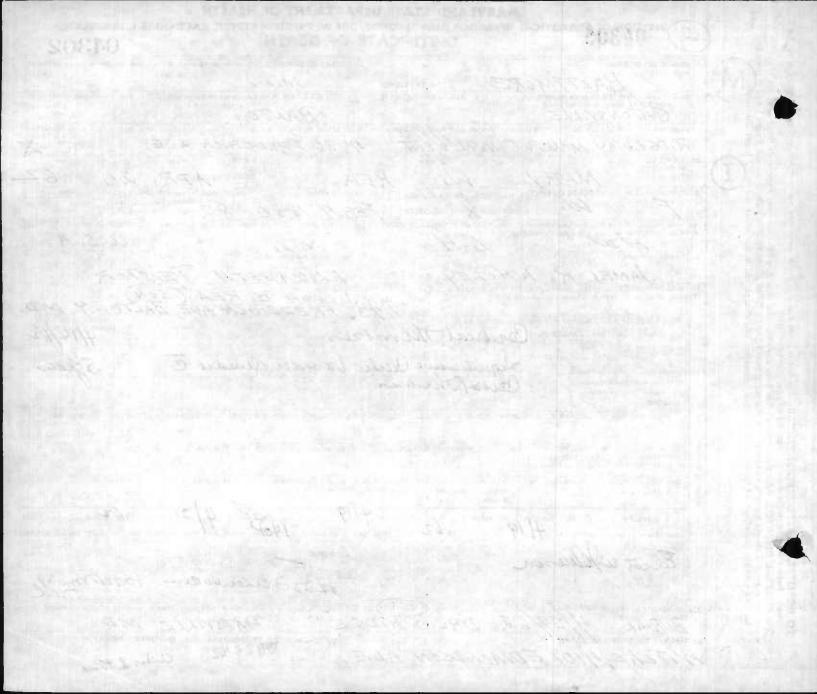
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH OADOA

|  |   |                               |                                 |                                     | 04001  |
|--|---|-------------------------------|---------------------------------|-------------------------------------|--|
| 1. PLACE OF DEAT   |   |                               |                                 |                                     | institution: Residence before admission        |
| B. COUNT?  | Baltimore   | MARYLAND                      | e. STATE Mar                    | yland b. cour                       |  |
|  | if outside corporate limits,                        | c. LENGTH OF STAY IN 16       | c. CITY OR TOWN                 | (If outside corporeta limits, write | e RURAL end give neerest town)                 |
| Catonsvill   | give neerest town)                                  | 22 days                       | Balti                           | MO MO                               | 3411.4   |
| d. NAME OF HOSPI   | TAL OR INSTITUTION (if not in h                     |                               | d. STREET ADDRESS               |                                     | e. IS RESIDENC                                 |
| CDDIMO OF  | OTTO COMMON TO                                      | TOT IT A T                    | 3077 7 1                        | * 1 * A4                            | YES NO   |
| SPRING GI  | ROVE STATE HOS                                      | Middle                        | 1011 Let                        | itia "venue Monti                   |  |
| DECEASED<br>(Type or print)  |   | 7/110010                      |                                 | OF<br>DEATH                         |  |
|  | Anna  | ONA-                          | Razgaitis                       | A                                   | TIF UNDER 1 YEAR IF UNDER 24 HRS               |
| 5. SEX female  | 6. COLOR OR RACE 7. MARR                            | HED NEVER MARRIED             | 8. DATE OF BIRTH                | last birthday)                      | Months Deys Hours Min.                         |
|  | White WIDOW   | ا ليبيا                       | 1876                            | 85 yrs.                             |  |
| done during most of w  | ION (Give kind of work orking life even if retired) | KIND OF BUSINESS OR INDUS     | TRY 11. BIRTHPLACE COL          | inty & State, or foreign country)   | 12. CITIZEN OF WHAT COUNTR                     |
| BIGHEROWI  |   | ロエートノみない                      | R LINGS                         | ANIM                                | U.S.   |
| 13. FATHER'S NAME  |   |                               | 14. MOTHER'S MAIDEN             | NAME                                |  |
| unknowr  | 1   |                               | unknown                         |                                     |  |
| 15. WAS DECEASED EY  | ER IN U.S. ARMED FORCES?   10                       | S. SOCIAL SECURITY NO. 17.    | INFORMANT                       | Address                             |  |
| TINK TO THE OWN  | If yes give we ror dates of service)                | 15-93-5707                    | December 1370                   | THE CHOICE DIST                     | E 1 7700 T 7700 T 7700 A 70                    |
| The state of the s | DEATH [Enter only one couse per                     | r line for (e), (b), and (c). | Records: SP                     | RING GROVE S                        | TATE HO PITAT                                  |
| PART I. DEAT   | H WAS CAUSED BY:                                    | coniceol metic                | functions and                   |                                     | ONSET AND DEATH                                |
| 1  |   | cerio sclerotic               | carolovascul                    | ar disease                          |  |
|  | DUE TO  |                               |                                 |                                     |  |
| Conditions, if engage  | 1-7   |                               |                                 |                                     |  |
| (a), stating the   | DUE TO  |                               |                                 |                                     |  |
| couse last.  | ) (c)   |                               |                                 |                                     |  |
| Z PART II. OTHE  | R SIGNIFICANT CONDITIONS CO                         | ONTRIBUTING TO DEATH BUT N    | OT RELATED TO THE TERM          | INAL DISEASE CONDITION GIV          | /EN IN PART 1(a) 19. WAS AUTOPSY<br>PERFORMED? |
| PART II. OTHE  |   |                               |                                 |                                     | YES X NO                                       |
| 2De. ACCIDENT W  | AS UNDERLYING   20b. D                              | ESCRIBE HOW INJURY OCCUR      | ED. (Enter nature of injury in  | Part I or Part II of item 18.)      |  |
| (IF EITHER, NOTIFY   | MEDICAL EXAMINER)                                   |                               |                                 |                                     |  |
| 20c. TIME OF INJ   | JRY Month, Dey, Yeer   2Do                          |                               | LACE OF INJURY (Home, fe        |                                     | (County) (State)                               |
| 20c. TIME OF INJU  | Wh  | THO THINK                     | ctory, streat, office bldg., et | (c.)                                |  |
| Print  | 17  |                               | M -2 00                         | 10 (0 . 1 . 1                       | 35 10 (0) (0)                                  |
| 21. I certify  | that 🖾 (this hospital) atte                         | ended the deceased from       |                                 | 1902 toApril.                       | 15 1962hat (M) (we) la                         |
| saw the decea  | sed alive onAP.III                                  | 519.0.2, and the              | at death occured ab.            | M, from the causes                  | and on the date stated above                   |
| 22e. SIGNATURE   | C. 14   | 0 0                           | ATTENDING                       | MED. STAFF                          | 22b. DATE<br>SIGN                              |
| MAN PERSON   | Hella Wal   | chsler_                       | M.D. PHYS.                      | DIRECTOR PHYS.                      | 4-16-62  |
| 22c. PHYSICIAN'S<br>NAME (Type   |   | 7 M D                         | 22d. ADDRESS S                  | PRING GROVE S                       | TATO HOSPITAL                                  |
| NAME (Type   | Stella Wachs  | Her M. D.                     |                                 | Catonsville 28.                     | Mary land                                      |
| 23a. BURIAL, CREMAT  |   | 23c. NAME OF CEMETERY         | OR CREMATORY                    | 23d. LOCATION (City, to             | wn or county) (State)                          |
| REMOVAL (Specify   | 4/18/62   | HOLO RED.                     | EEMER                           | BELAIR K                            | D- MD.   |
| 24 SUNERAL DIRECTO   | R'S SIGNATURE                                       | AODRESS 1                     |                                 | EC'D BY REGISTRAR 256. RE           | GISTRAR'S SIGNATURE                            |
| £ 0 . 1.   | 1500.1  | 137 11 AS                     | la Pales                        |                                     |  |
| - wares it   | Kacusus   | - 63/10.13                    | TO THE                          |                                     | · A. May                                       |
| E DE HELL  |   |                               | 1007                            |                                     |  |
| lister h   | Lachausto   | - 637 WAS                     | 1. Blee pate                    | MR 1 8 '62   C                      | wither S. Kraus                                |

. . . 102,0 an Agree to the first the first on its 2012 240 FIRSTER HOSPERENTER TECHNICE - 1860 - TELLINE CE - MAI Level of the commence of the part to the server

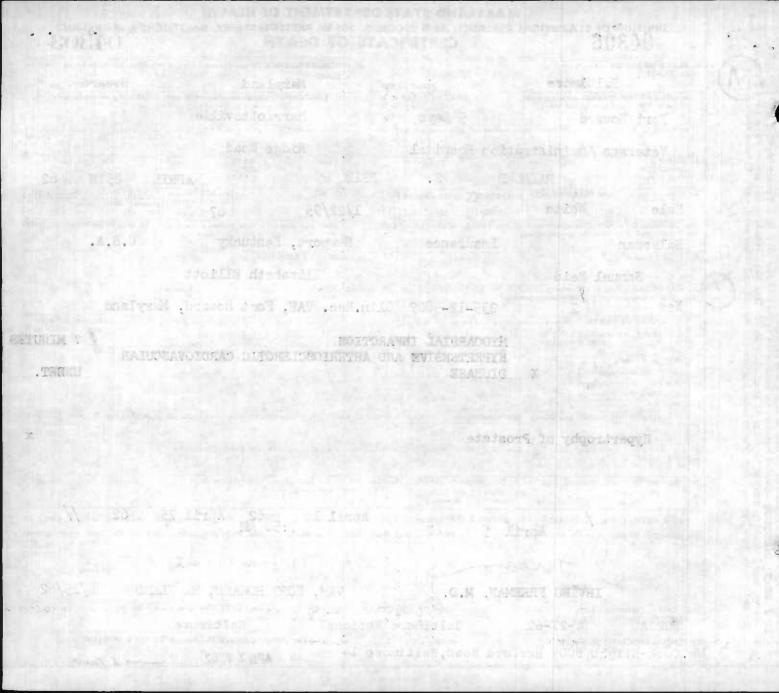


### VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04303

| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased livad, If institutions                         | Residence before admission)                       |
|--|---|---|---|
| a. COUNTY Baltimore  | MARYLAND  | TIGIT Y LEUICE  | Howard  |
| <ul> <li>CITY OR TOWN (if outside corporate I write RURAL and give nearest town)</li> </ul>  | mits, c. LENGTH OF STAY IN 1b                                 | c. CITY OR TOWN (If outside corporate limits, write RURAL a                       | nd give nearest town)                             |
| Fort Howard  | 9 Days  | Marriottsville  | 13x · 2.  |
| d. NAME OF HOSPITAL OR INSTITUTION   | (if not in hospital, give street address)                     | d. STREET ADDRESS   | e. IS RESIDENCE<br>ON A FARM?                     |
| Veterans Adminis   |   | Ridge Road  | YES NO  |
| 3. NAME OF FI  | rst Middle  | Last 4. DATE Month  | Day Year  |
| (Type or print) RA   | YMOND S. R  | EID DEATH APRIL   | 25TH 19 62  |
| 5. SEX 6. COLOR OR RA  | E 7. MARRIED NEVER MARRIED B                                  | DATE OF BIRTH 9. AGE (In years   IF UNDER   |   |
| Male White   | WIDOWED DIVORCED  | 1/22/95 last birthdey) Months 7   | Days Hours Min.                                   |
| 10a. USUAL OCCUPATION (Give kind of w<br>done during most of working tife, even if rei   |   | Y 11. BIRTHPLACE (County & State, or foreign country) 12. C                       | ITIZEN OF WHAT COUNTRY?                           |
| Salesman   | Insurance   | Newport, Kentucky U   | .S.A.   |
| 13. FATHER'S NAME  |   | 14. MOTHER'S MAIDEN NAME  |   |
| Samuel Reid  |   | Elizabeth Elliott   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED F  | ORCES?   16. SOCIAL SECURITY NO.   17. I                      | NFORMANT Address  |   |
| Yes, no, or unkown) (If yes give war or dates  | 235-12-5809 Cli   | n.Rec. VAH, Fort Howard, Maryl  | and   |
| 18. CAUSE OF DEATH Enter only of   |   |   | INTERVAL BETWEEN                                  |
| PART I. DEATH WAS CAUSED BY  | 10100100717 7110100   | TON .   | ONS T AND DEATH                                   |
| IMMEDIATE CAUSE  |   | ARTERIOSCLEROTIC CARDIOVASCULA  |   |
| DUE  |   | WILEWIOSCIEWOLIC CHUDIOANSCOLM  |   |
| Conditions, if any, which  | X DISEASE   |   | UNDET.  |
| (a), stating the underlying DUE  | 0   |   |   |
| cause last.  | c)  |   |   |
| PART II. OTHER SIGNIFICANT CON Hypertrophy of  |   | IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA                          | RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1       |
| PART II. OTHER SIGNIFICANT CON  Hypertrophy of  20%. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINI | 206. DESCRIBE HOW INJURY OCCURED                              | . (Enter nature of injury in Part I or Part II of item 18.)                       |   |
| 20c. TIME OF INJURY Month, Day,<br>Hour a.m.   | While Not While fact  | CE OF INJURY (Home, farm, 20f. (City or town) (Coory, street, office bidg., etc.) | ounty) (State)                                    |
| 21. I certify that () (this hose saw the decease alive on  | pital) attended the deceased from<br>pril 25 19 62 , and that | April 16 1962 to April 25 1962 death occured 3:50 M, from the causes and on       | 62., that (V) (we) last<br>the date stated above. |
| 22a. SIGNATURE   | em M  | ATTENDING MED. STAFF  | 22b. DATE<br>SIGNED                               |
| 22c. PHYSICIAN'S   | M   | 22d. ADDRESS  |   |
| NAME (Type)  | REEMAN, M.D.  | VAH, FORT HOWARD, MARYLAND  | 4/25/62   |
| 23a. BURIAL, CREMATION, 23b. DATE T  | HEREOF 23c. NAME OF CEMETERY                                  | OR CREMATORY 23d. LOCATION (City, town or coun                                    | nty) (State)                                      |
| BURIAL 4-27-6  | 2 Baltimore Na  | ational Baltimore   | FTEL STE  |
| 24 FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S  | SIGNATURE   |
|  | larford Road, Baltimor  | e 14 DATE APR 2 7 '62   |   |
|  |   | Total Marie Val   | 7 S. Thous  |



# TO HOSPITAL OR

04307

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

04304 Reg. Dist. No.

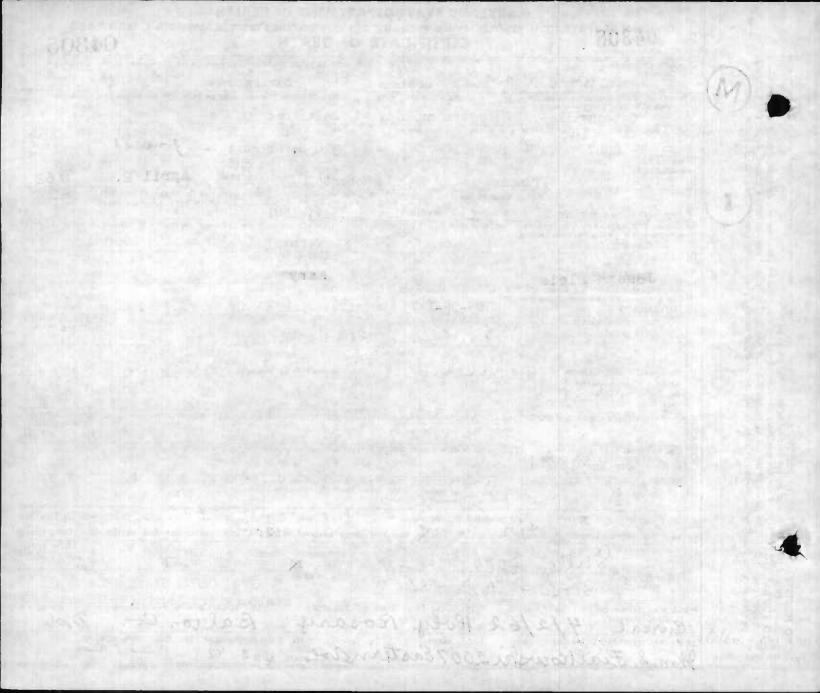
|         | LACE OF DEATH                     |   |  | 2. USUAL RESIDEN                                    | CE (Where deceased live                | d. If institution: Resider | nce befare admission)                      |
|---------|-----------------------------------|---|--|---|--|----------------------------|--|
| °       | . COUNTY                          | Baltimore   | MARYLAND   | II a STATE  | marylad                                | B. COUNTY                  | - /  |
| b       | RURAL and give ne<br>Rural:       | f autside carporate limits, write<br>earest tawn)<br>TOWSON | c. LENGTH OF STAY IN 16  | c. CITY OR TOW                                      | N Uf outside corporate I               | imits, write RURAL and     | give nearest town)                         |
| -       |                                   |   | 8 mays   | 1000  | 4.7                                    |                            | VO1-4                                      |
| a       |                                   | Eudowood Sana<br>son 4. Marylar                             |  | d. STREET ADDR                                      | 9 Sulgra                               | ve ave                     | e. IS RESIDENCE<br>ON A FARM?<br>YES NO DE |
|         | IAME OF                           | First   | Middle   | - Lost  | 4. DATE<br>OF                          | Month                      | Day Year                                   |
| (1      | Type or print)                    | I HOM.  | HS N.  | 111 4 GAW   | DEATH                                  | awar                       | 12-1962                                    |
| 5. St   | EX REFER                          | 6. COLOR OR RACE 7. M.                                      | ARRIED NEVER MARRIED   | 8. DATE OF SIRTH                                    | 9. At                                  |                            | 1 YEAR IF UNDER 24 HRS.                    |
|         | Mar                               |   | OWED DIVORCED  | most.   | 1.1091 6                               | 2 4 yrs.                   | Doys Hours Min.                            |
| 10a.    | USUAL OCCUPATIO                   | ON (Give kind of work done 1-                               | Ob. KIND OF BUSINESS OR INC  | USTRY 11. BIRTHPLACE                                | State or foreign country               | 12. CI1                    | IZEN OF WHAT COUNTRY                       |
|         | Sal                               | laman   |  | MO B  | ballians                               | ve 60.                     | U.SA.                                      |
| 13. F   | ATHER'S NAME                      | . 4 4   | 10.0   | 14. MOTHER'S MA                                     | DEN NAME                               |                            |  |
|         | A                                 | provide 17  | Magaway  | Ca  | sace Wor                               | the                        |  |
|         | MAS DECEASED EVE                  | R IN U. S. ARMED FORCES?                                    | 16. SOCIAL SECURITY NO. 17.  | INFORMANT   |  | Address                    |  |
|         | yeu                               | World Wen I   | 216-03-342   | Personal His  | story & Hosp                           | oital Recor                | ds Eudowood<br>anatorium                   |
|         | 18. CAUSE OF DEA                  | TH [Enter only one cause pe                                 | r line for (o), (b), and (c).] a)  | Bronchogen  | ic Carcinom                            | a. left                    | INTERVAL BETWEEN                           |
|         | PART I. DEA                       | TH WAS CAUSED BY: IMMEDIATE CAUSE (o)                       | (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | XXXXXXXXXXXXXXX                                     | XXXXXX low                             | er lobe.                   | ONSET AND DEATH                            |
|         | 1/1                               | DUE TO b  | Left ventricu  | lar failure   | with pulmo                             | nary oedem                 |  |
|         | Canditions, if a                  | ny, which )   | /  | n   |  | /                          |  |
|         | gove rise to in                   |   |  | pulmonary   |  | XXXXX                      |  |
|         | lying cause last.                 | (c)_  |  |   |  |                            |  |
| Z       | PART II. OTH                      | IER SIGNIFICANT CONDITION                                   | IS CONTRIBUTING TO DEATH B   | JT NOT RELATED TO THE                               | TERMINAL DISEASE CON                   | NDITION GIVEN IN PAR       | T I(a) 19. WAS AUTOPSY                     |
| CATION  |                                   |   | SCHOOL SOCK SOCK SCHOOL SCHO |   |  |                            | PERFORMED? YES NO                          |
| RTIF    | 20a. ACCIDENT WA                  | CAUSE OF DEATH  | DESCRIBE HOW INJURY OCCUR  | RED. (Enter nature of inju                          | ery in Part I of Part II of            | item 1B.)                  | TO BE TO BE                                |
|         |                                   | MEDICAL EXAMINER)   |  |   |  |                            |  |
| MEDICAL | 20c. TIME OF INJURY<br>Haur o. m. | Wh  |  | PLACE OF INJURY IHame<br>actory, street, affice bld | a, form, 20f. (City or to<br>g., etc.) | wn) ((                     | County) (State)                            |
| W       | p. m.                             |   | wark at wark   |   |  |                            |  |
| 1       | 21. I certify the                 | at I attended the dece                                      | ased from apply  | 1. x , 19 6% to                                     | 2pul2                                  | -, 19 6 /that I            | last saw the deceased                      |
|         | alive on                          | pril 6, 19  |  |   |  |                            | he date stated above                       |
|         | 2                                 | and p   | 12.  |   | ADDRESS (Street,                       |                            | DATE SIGNED                                |
| 1       | ACTUAL //                         | wyons   | / Clas   | _ M.D.  |  |                            | aprelia                                    |
| -1.     | PHYSICIAN'S                       | Milton B. Kre   |  |   |  |                            |  |
|         | NAME (Type)                       | Eudowood Sana   | torium   | Towson 4,   | Maryland                               |                            |  |
|         |                                   | N, 22b. DATE THEREOF  | 22c NAME OF CEMETERY   | OR CREMATORY  | 22d. LOCATION                          | (City, tawn, or county)    | (State)                                    |
|         | REMOVAL (Specify)                 | 4-14-62   | VRUIO KIO  | GE  | Day e -                                | ILLE                       | Mo   |
| 23. FI  | UNERAL DIRECTOR'S                 | SIGNATURE   | ADDRESS  | 240   | REC'D BY REGISTRAR                     | 24b. REGISTRAR'S SIG       | GNATURE                                    |
| H.      | W. JENKI                          | NS + JONS C   | 0.4905 YORK  | KO DAT  | E 4 PR 1 3 '62                         | Clothun &                  | *K   |
|         |                                   |   |  |   | 10 U.                                  | - T-1677-1747-1            | / LOUISASON                                |

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 04305

| П | 1. PLACE OF DEATH   |  | 2. USUAL RESIDENC   |                             |                     | idanca bafora admission)      |  |  |  |
|---|---|--|---|-----------------------------|---------------------|-------------------------------|--|--|--|
| 1 | Baltimore   | MARYLAND   | e. STATE Maryland b. COUNTY                                     |                             |                     |                               |  |  |  |
| 4 | b. CITY OR TOWN (if outside corporata limits,<br>write RURAL and give nearest town)         | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (IF   | outsida corporata limits    | , writa RURAL and g | iva nearast town)             |  |  |  |
|   | Catonsville   |  |   |                             | 31                  | 101.4                         |  |  |  |
| ľ | d. NAME OF HOSPITAL OR INSTITUTION (if not in ho  |  | d. STREET ADDRESS   |                             |                     | a. IS RESIDENCE<br>ON A FARM? |  |  |  |
|   | SPRING CROVE STATE HOS  | PITAL  | 310 S. Br   | oadway -                    | Jone 31             | YES NO                        |  |  |  |
| T | 3. NAME OF First DECEASED   | Middle   | Last  | OF.                         |                     | Day Yaar                      |  |  |  |
|   | (Type or print) Frances   |  | Roberts   | DEATH A                     | pril 2,             | 19 62                         |  |  |  |
| 1 | 5. SEX 6. COLOR OR RACE 7. MARRI  | ED TEVER MARRIED   | B. DATE OF BIRTH  | 9. AGE (In last birth       | years IF UNDER 1 YE |                               |  |  |  |
| 4 | female white wow  | DIVORCED   | Aug. 19, 1881   | 00                          | yrs. Months Da      | ys Hours Min.                 |  |  |  |
|   | 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad) | CIND OF BUSINESS OR INDUST   | RY 11. BIRTHPLACE (County                                       | y & State, or foreign co    | untry) 12. CITIZE   | N OF WHAT COUNTRY?            |  |  |  |
|   | housewife   |  | Germany   |                             | Ger                 | rmany                         |  |  |  |
| 1 | 13. FATHER'S NAME   |  | 14. MOTHER'S MAIDEN   | IAME                        |                     |                               |  |  |  |
| 1 | Thomas year   |  | Mary ?  |                             |                     |                               |  |  |  |
|   | Joseph Kleis  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16                              | SOCIAL SECURITY NO. 17.  | 4   | A                           | ddress              |                               |  |  |  |
| 1 | (Yes, no, or unkown) (If yes give war or dates of sarvice)                                  |  |   |                             |                     | TOTAT .                       |  |  |  |
| 1 |   | -/ -/ -/ -/ -/   | cords: SPRIN  | G GROVE S                   | STATE, HO.          |                               |  |  |  |
| 1 | 18. CAUSE OF DEATH [Enter only one cause per  | Jina for (a), (b), and (c).]   | . N   | A 1                         |                     | ONSET AND DEATH               |  |  |  |
| 1 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | brelo-   | vate, ue  | eident                      |                     |                               |  |  |  |
|   | LA 3 a DUETO A 1  |  |   |                             |                     |                               |  |  |  |
|   | Conditions, if any, which > (b) Arlerio rel. Cardio Vare. Disease I day                     |  |   |                             |                     |                               |  |  |  |
|   | gava risa to immediata cause  |  |   |                             |                     |                               |  |  |  |
|   | (a), stating the underlying DUETO   |  |   |                             |                     |                               |  |  |  |
|   | z PART II. OTHER SIGNIFICANT CONDITIONS CO  | NTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERMIN  | AL DISEASE CONDITIO         | N GIVEN IN PART 1   | a) 19, WAS AUTOPSY            |  |  |  |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CO  | THE PROPERTY OF THE PARTY OF TH | OF RELATED TO THE TEXAMIN                                       | TE PIOETIOE CONDINIO        | NOTITE AND A        | PERFORMED?                    |  |  |  |
|   | CA  |  |   |                             |                     | YES NO                        |  |  |  |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CO  | SCRIBE HOW INJURY OCCURE   | D. (Entar natura of injury in P                                 | art I or Part II of item 18 | .)                  |                               |  |  |  |
|   |   |  |   |                             |                     |                               |  |  |  |
|   | 0   |  | ACE OF INJURY (Homa, farm,<br>tory, streat, offica bldg., atc.) |                             | (County             | y) (State)                    |  |  |  |
|   | Hour a.m. Whi   | a Titol titilla  | iory, silear, offica blog., alc.,                               |                             | 1                   |                               |  |  |  |
|   |   | adad the deceased from   | July 21 1   | 1937 10 4/                  | 2 1960              | 7 that (I) (we) last          |  |  |  |
|   | 21. I certify that (I) (this hospital) attended the deceased from July 21, 19.37, to        |  |   |                             |                     |                               |  |  |  |
|   |   | IA.M.Y. and the  | death occured al  | M, from the ca              | 1262 and Oil Inc    | 22b. DATE                     |  |  |  |
|   | 228. SIGNATURE  | O Dan  | Diller De Di  | ED. STAFF                   |                     | SIGNED                        |  |  |  |
|   | study my  | usor !   | A.D. PHYS. DI   | RECTOR PHYS.                |                     | 9/2/102                       |  |  |  |
|   | 22c. PHYSICIAN'S<br>NAME (Typa) STEIL A   | IACHSLER   | SP SP   | RING GROVI                  | E STATE I           | HOSPITAL                      |  |  |  |
|   |   | The state of courtery  | Co. Coruntariony Ca   | tons valle                  | 28. Md.             | (State)                       |  |  |  |
|   | 23a. BURIAL, CREMATION, 23b. DATE THEREOF<br>REMOVAL (Specify)                              | 23c. NAME OF CEMETERY  |   | B a D-                      | ry, sown or county) | mal                           |  |  |  |
|   | Burial 4/2/62   | Holy R   | osary   | Butto                       | -, -,               | 11/00                         |  |  |  |
| - | 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS  |   | D BY REGISTRAR 25           | b. REGISTRAR'S SIG  |                               |  |  |  |
| 1 | Wm. S. Fialkowski.  | 2007 Easter  | naverate &  | PR 3 '62                    | Similar A.          | 7 0,000                       |  |  |  |
| - |   |  |   |                             |                     |                               |  |  |  |



PRESTON STREET, BALTIMORE 1, MARYLAND 04309 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH MARYLAND write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pages 1 hours after e. IS RESIDENCE ON A FARM? YES NO NAME OR Middle (Type or print) DEATH 19 carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. last birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 1DK KIND OF BUSINESS OR INDUSTRY remove done during most of working life even if retired) please ARROL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? as Decubital gangrene and toxemia YES X NO 2Db. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. While Not While Hour a.m. at work at work 21. I certify that 30) (this hospital) attended the deceased from Jan. 30 19 62 , and that death occured at M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Stella Wachsler, M. D. director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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TO FUNERAL

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000 731 1.8/12 127/75 1 2 2 25 2 40 5 1/65 100 BIN WITCHARD STEE HEART BURNERS WARD AS LY LINE ASSESSED A SECOND THE REPORT OF A PARTY TOSSER ROEDER ROSS FRATA MAK Meet 2534 CHERETT REPORTER men in Sorg autis) - Rolly - Ozarini. Second while we have the a CHThe dock year to prove the MANAGED SOLVERY FA MENTANT SOLVE TO YEAR TO YEAR TO SOLVE THE SOLV

requires that the death certificate be executed within 24 hours after HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 filled with the State Dept. of Health prior to burial, cremation, or removal, and in approximately within 72 hours after death.

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|      |               | n signed by the attending physician and completely filled in the funeral | pinous   |
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### MARYLAND STATE DEPARTMENT OF HEALTH

| MARILAND STATE DE                             | raniment of manning                            |
|---|--|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, | , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |

| 1 | 04310   | CERTIFICATI                  | OF DEATH   |   | 04307                             |
|---|---|------------------------------|--|---|-----------------------------------|
|   | 1. PLACE OF DEATH   | Z FILM GOLL 4                | 2. USUAL RESIDENCE (Where  | deceased lived, If institution: Ras             | sidance bafora admission)         |
|   | * Baltimore   | MARYLAND                     | a. STATE M-d.  | 5. COUNTY (1)                                   | JAMANE!                           |
| 1 | b. CITY OR TOWN (if outside corporate limits, purite RURAL and give nearest town) | c. LENGTH OF STAY IN 16      | c. CITY OR TOWN (If outside c                                    | orporata limits, Writa RURAL and                | giva hearest town)                |
|   | d. NAME OF HOSPITAL OR INSTITUTION (if not in ho                                  | Spital, give street address) | d. STREET ADDRESS  | Baltimore<br>22 S. Athol St.                    | . IS RESIDENCE                    |
| 1 | Spring Grove Sta  | ute Hospital                 | HITEHERY MI  | ariy 1/1/8/1/19                                 | YES NO W                          |
|   | 3. NAME OF DECEASED   | Middle P                     | Rolling 4. DAT   |   | Day Yaar                          |
|   | (Type or print)  5. SEX  6. COLOR OR RACE   7 MARRI                               | Joseph                       | DATE OF SIRTH  | 19. AGE (In years   IF UNDER 1 Y                | EAR   IF UNDER 24 HRS.            |
|   | male while widow  |                              | 10-7-1880  | In a black day of                               | ays Hours Min.                    |
| 1 | 10a. USUAL OCCUPATION (Giva kind of work   10b.                                   |                              | Y 11. BIRTHPLACE (County & Stata,                                | or feraign country)   12. CITIZ                 | EN OF WHAT COUNTRY?               |
| 1 | dona during most of working life, aven if retirad)                                |                              | New-Yor  | K   | H. S.H.                           |
|   | 13. FATHER'S NAME PORCE   | ~ C                          | 14. MOTHER'S MAIDEN NAME   | O' Danue  | PP                                |
|   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16                                  | SOCIAL SECURITY NO. 17. I    | NFORMANT 4   | Addrass   |                                   |
|   | (Yas, no, or unkown) (Ifyasgivawarordatesofservice)                               | 077-03-1767 70               | seph S. Porto  | -Spring 9-                                      | State Hosp                        |
|   | 18. CAUSE OF DEATH [Enter only one cause per                                      | £ . //                       | 4. 4. 6  | λ   | INTERVAL BETWEEN ONSET, AND DEATH |
|   | PART I. DEATH WAS CAUSED BY:  | erioselero                   | lic Meart.   | Disease   | 16 days                           |
|   | DUE TO P  | toniocolo                    | rosis, gener   | alisad  |                                   |
| i | gava risa to immadiata cause  | Lerioscie                    | 10313) Jene  | -co-cco   |                                   |
| i | (a), stating the underlying cause last.   |                              |  |   |                                   |
|   |   | NTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINAL DISEA                                  | SE CONDITION GIVEN IN PART 1                    | (a) 19. WAS AUTOPSY<br>PERFORMED? |
|   | ICAII   |                              |  | 10.15   | YES NO                            |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CO  | SCRIBE HOW INJURY OCCURED    | , (Entar natura of injury in Part I or Pa                        | rt II of Ham 18.)                               |                                   |
|   | 0   |                              | CE OF INJURY (Homa, farm, 20f. (ory, straat, office bldg., atc.) | City or town) (Count                            | ty) (Stata)                       |
|   | Hour a.m. Whi   |                              |  |   |                                   |
|   | 21. I certify that (this hospital) after  |                              |  | to  |                                   |
|   | saw the deceased alive on   |                              | death occured at   | om the causes and on th                         | 22b. DATE                         |
|   | 228. SIGNATURE Coriga   | aa H.D. M                    | .D. ATTENDING MED. DIRECTOR                                      | STAFF PHYS.                                     | SIGNED                            |
|   | 22c. PHYSICAN'S<br>NAME (Typa) SPRING BRI   | OVE STATE HOS                | P. SPRING GA   | ROVE STATE 1                                    | Yos.P.                            |
|   | 238. SURIAL, CREMATION, 23b. DATE THEREOF   | 23c. NAME OF CEMETERY        | OR CREMATORY 23d. L  | OCATION (City, town or county)                  | (State)                           |
| 1 | BURIAL (Specify) 4-11-62  | Baltimore Cem                |  | ltimore   |                                   |
| 1 | Wm.Cook-Towson, Inc., 1050  | York Road, TOWSO             |  | GISTRAR 256. REGISTRAR'S SI<br>162 Cultury 8. 1 |                                   |

RHIELD: What are the profession EXCLUSION SINGLES THE PROPERTY OF THE PARTY OF TH Something the same of the same whether when the territory A Call San Kill Emilia Mali Sh CONT. 12 363 DETERMINED TO SERVICE STORE STORE THE STATE OF THE STATE Chief of the State The gray wall of the end of a property of THE SHINE CHOP SHE WAY SINGE CHARLES HE Ma. Cost - to don, inc., 1010 York Cold, 104,204 Amil

| *                      | MAKTLAND        | STAIL DE    | PARIA | VENI OF | HEALI   |                |             |
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| OPINISION OF STATISTIC | CAL RESEARCH AL | ND RECORDS, | 301 W | PRESTON | STREET, | BALTIMORE      | 1, MARYLAND |
| 04311                  | CEI             | RTIFICATE   | OF    | DEATH   |         |                |             |
|                        |                 |             |       |         |         | 2 DATE OF DEAT | ш           |

| CERTIFICA   | TE OF DEATH  |                             |  |  |  |
|---|--|-----------------------------|--|--|--|
| (Type or Print) Henry J. Rommel   |  | 2. DATE OF DEATH            | 4043082  |  |  |
| PLACE OF DEATH IN BALTIMORE, MARYLAND To a had  | 4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY | osed lived. If institution: | residence before admission)                            |  |  |
| FULL NAME OF IT NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION! INSTITUTION   | c. CITY OR TOWN (Houte                               | side city limits write RUF  | AL and give township)                                  |  |  |
| House In The Pines Nursing Home   | D. STREET ADDRESS                                    | undy St.                    | e location)  |  |  |
| 6. COLOR OR RACE 7. SINGLE, MARRIED. white white married  | 8. DATE OF BIRTH 9. A                                | GE (In years ost birthdoy)  | f Under I Yr. If Under 24 Hrs<br>onths Days Hours Min. |  |  |
| 10A. USUAL OCCUPATION (Give kind of work look KIND OF BUSINESS OR INDUStates during most of working life, even if refired)  Ret. Watchman Ont. (an (o.                            | STRY II. BIRTHPLACE (State or foreign co             | ountry) I                   | 2. CITIZEN OF WHAT COUNTRY?                            |  |  |
| 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME                             |                             |  |  |  |
| John August Rommel  | Elizabeth So   | onn                         |  |  |  |
| 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL   | 17. INFORMANT  | 7 / tol 20                  | ADDRESS  |  |  |
| [Yes no or unknown] (If yes give wor or dotes of service) SECURITY NO.  | Charles Romme  | 1 2704 16                   | oodsdale Av  |  |  |
| DISEASE OR CONDITION DIRECTLY   | USE OF DEATH   |                             | INTERVAL BETWEEN ONSET AND DEATH                       |  |  |
| LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES | genely art.  | id.                         |  |  |  |
| DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last,   | <i>O</i> ,   |                             |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |  |                             |  |  |  |
| 21D. TIME . (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED  OF INJURY . WHILE AT NOT WORK AT W  | WHILE  | OCCUR?                      |  |  |  |
| 22. I certify that (1) (this hospital) attended the deceased fram   | fin  | 1,//                        | 1962 +   |  |  |
| and that in (my) (aur) aginian death occurred at  |  |                             |  |  |  |
| ATTENDING PHYS MEDICIFICATION STAFF PHYS.   | 3 for & Self   | W 2                         | 4/17/63  |  |  |
| 24A. BURIAL, CREMATION, 24B. DATE 24C. NAME of CEMETERY or C  |  | . 11                        | own, or county) (State)                                |  |  |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  APR 17.1962   | etery Balt<br>25C. FUNERAL DIRECTOR                  | umore, Md                   | ADDRESS  |  |  |
| VS 150 PR   | M.R. J. Kuck y                                       | 1111.                       | Twey ona Ma.   |  |  |
| 0.0   |  |                             |  |  |  |

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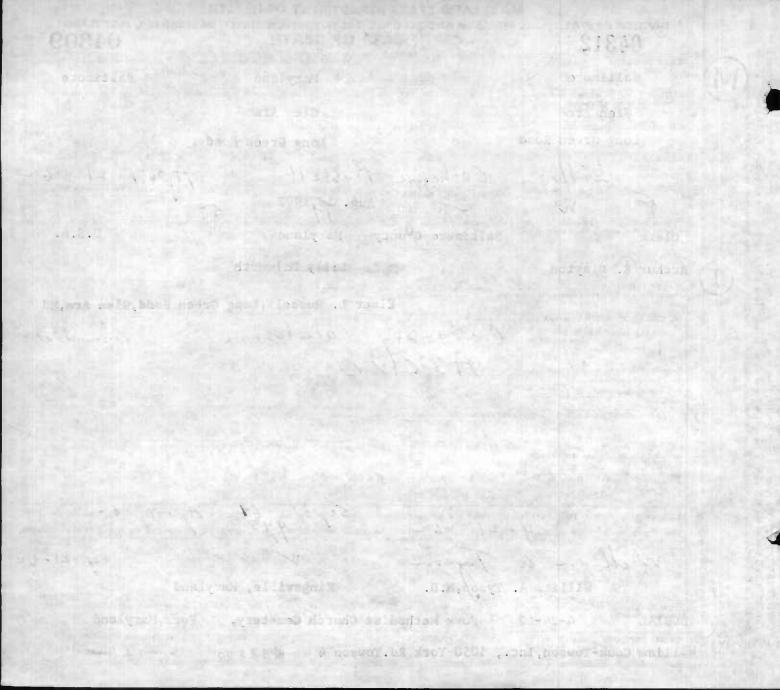
VR A15 (4) 15M 9/60

| X  | 2            | 6  | 1  |                    |
|--|--------------|--|--|--------------------|
| TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after |              | TOR: After this certificate has been signed by the attending physician and completely filled in the rive funeral | be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should | - Honor            |
| within 24  |              | / filled in  | Pages 1  | Silve Stiller      |
| executed   |              | completely   | on papers.   | thin 70 h          |
| tificate be  |              | sician and   | move carb  | and described and  |
| death cer  |              | ending phy   | n please re  | and in hear        |
| es that the  | cian.        | by the atte  | ermit. The   | -                  |
| law requir   | iding physi  | een signed   | al-transit pe  | - markette         |
| IAN: The   | tal or after | cate has be  | as the buri  | And Laurent and    |
| PHYSIC   | the hospi    | this certifi   | ed for use   | List animal deline |
| TENDING  | retained by  | TOR: After   | be detache   | Don't of Lan       |

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

| U4312 ten   | AS- Mone                           | E OF DEA 1 1/62-1                                 | nB   | 04309  |
|---|------------------------------------|---|--|--|
| PLACE OF DEATH  o. COUNTY   |                                    | 2. USUAL RESIDENCE (Where dece                    |  | Residence before admission                   |
| Baltimore   | MARYLAND                           | •. STATE Maryland                                 | b. COUNTY B  | altimore                                     |
|   | LENGTH OF STAY IN 16               | c. CITY OR TOWN (If outside corpora               | ate limits, write RURAL er                             | nd give neerest town)                        |
| write RURAL end give neerest town) Glen Arm   |                                    | X Glen Arm  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite   | I, give street eddress)            | d. STREET ADDRESS                                 |  | e. IS RESIDENC                               |
| Long Green Road   |                                    | Long Green Roa                                    | d  | YES NO                                       |
| NAME OF DECEASED Lillian C  | atherine                           | Russell 4. DATE OF DEATH                          | Apr:/  | 2-1 19 6 =                                   |
| 6. COLOR OR RACE 7. MARRIED [ WIDOWED [   | NEVER MARRIED DIVORCED             |   | AGE (In years IF UNDER lest birthday)  9 yrs.   Months | 1 YEAR   IF UNDER 24 HRS Deys   Hours   Min. |
|   | of Business or industrimore County |   | reign country)   12. CIT                               | U.S.A.                                       |
| 3. FATHER'S NAME  |                                    | 14. MOTHER'S MAIDEN NAME                          |  |  |
| Arthur R. Clayton   |                                    | Lilly Dilworth                                    |  |  |
|   | CIAL SECURITY NO. 17.              | INFORMANT   | Address  | 1 1 1 1 1 1 1 1                              |
| Yes, no, or unkown) ((fyes give wer or detes of service)  | E1r                                | mer L. Russell, Long (                            | Green Rodd G   | len Arm Md                                   |
| 18. CAUSE OF DEATH [Enter only one ceuse per line   |                                    | ar mosterry doing (                               | oreen nous, o  | INTERVAL BETWEEN                             |
| PART I. DEATH WAS CAUSED BY:  | You are                            | ocelosion   |  | ONSET AND DEATH                              |
| IMMEDIATE CAUSE (0)   | 1                                  | 703,104   |  | ingmediate                                   |
| DUE TO  | Acol                               | , 1   |  |  |
| Conditions, if any, which (b)   | 12 611                             |   |  |  |
| (e), steting the underlying DUE TO  |                                    |   |  |  |
| cause lest. (c)   |                                    |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  | BUTING TO DEATH BUT N              | OT RELATED TO THE TERMINAL DISEASE CO             | ONDITION GIVEN IN PAR                                  | T 1(e) 19. WAS AUTOPS'                       |
|   |                                    |   |  | YES NO                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  200. ACCIDENT WAS UNDERLYING   20b. DESCRI OR CONTRIBUTION   CAUSE OF DEATH (IJF EITHER, NOTIFY MEDICAL EXAMINER) | BE HOW INJURY OCCURE               | D. (Enter neture of injury In Pert I or Part II o | f item 18.)  |  |
| OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                    |   |  |  |
| 20c. TIME OF INJURY Month, Dey, Year   20d. INJU  | URY OCCURRED   20e. PL             | ACE OF INJURY (Home, ferm, ; 20f. (City of        | er town) (Cou  | unty) (State)                                |
| 20c. TIME OF INJURY Month, Dey, Year 20d. INJI Hour e.m. p.m. 19 el work  | Not While fa                       | ctory, street, office bldg., etc.)                |  |  |
| 21. I certify that (I) (this hospital) attended   | d the deceased from                | Sept. 196710                                      | April 19   | that (I) (we) la                             |
|   |                                    | 1 045   |  | the date stated above                        |
| 22e. SIGNATURE 4  | _                                  |   |  | 22b. DATE                                    |
| William 1 T   | usma                               | M.D. PHYS. DIRECTOR                               | STAFF<br>PHYS.   | 11-21-1                                      |
| 22c. PHYSICIAN'S  | 7                                  | 22d, ADDRESS                                      |  | 7  |
| ALAME (W. )   | M.D.                               | Kingsville, Mar                                   | yland  |  |
|   | 3c. NAME OF CEMETERY               |   | ION (City, town or coun                                | ty) (State)                                  |
|   |                                    | t Church Cemetery,                                | Fork, Mary   |  |
| 4 FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                            | 25a, REC'D BY REGISTR.                            | AR 25b. REGISTRAR'S                                    | SIGNATURE                                    |
| William Cook-Towson, Inc., 10   | 50 York Rd.T                       | lowson 4 DATE APR 2 A ICO                         | Lorenza &  | Time   |



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04313 CERTIFICATE OF DEATH 05543

| 1 | 1. PLACE OF DEATH a. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| 1 | Baltimore Maryland  | a. STATE Maryland b. COUNTY Baltimore  |  |  |  |  |  |  |  |
|   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town)   |  |  |  |  |  |  |  |
|   | Rural- Hernwood, Randalls town  | Rural- Hernwood, Randallstown, Maryland  |  |  |  |  |  |  |  |
|   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |  |  |  |  |  |  |  |
|   | Marriottsville Road   | Marriottsville Road YES NO X   |  |  |  |  |  |  |  |
|   | 3. NAME OF first Middle DECEASED  | Last 4. DATE Month Dey Yeer  |  |  |  |  |  |  |  |
|   |   | umenig DEATH April 14 19 62  |  |  |  |  |  |  |  |
| 1 | 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8  | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  |  |  |  |  |  |  |  |
|   | '\ TD 7 -   78D - 1   | July 31, 1877 Rest birthday) Months Days Hours Min.  |  |  |  |  |  |  |  |
|   |   | Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   |  |  |  |  |  |  |  |
|   | Housewife None  | Marriottsville, Maryland U.S.A.  |  |  |  |  |  |  |  |
|   | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |  |
|   | John Butler   | Mahala Woodward  |  |  |  |  |  |  |  |
|   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.   | INFORMANT Address Marriottsville Road  |  |  |  |  |  |  |  |
|   | (Yes, no, or unkown) (Ifyesgive war or detes of service) No No M  | iss Mary J. Saumenig, Randallstown, Maryland   |  |  |  |  |  |  |  |
|   | 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), end (c).]   | INTERVAL BETWEEN   |  |  |  |  |  |  |  |
|   | PART I. DEATH WAS CAUSED BY:  | ONSET AND DEATH  |  |  |  |  |  |  |  |
|   | IMMEDIATE CAUSE (6) / Nontrap   |  |  |  |  |  |  |  |  |
| H | Conditions, if any, which (b) Sufferative Heart Please Williams   |  |  |  |  |  |  |  |  |
| ì | gave rise to immediate cause  |  |  |  |  |  |  |  |  |
|   | (a), steting the underlying DUE TO  |  |  |  |  |  |  |  |  |
|   | causa last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY   |  |  |  |  |  |  |  |  |
|   | E CONTRACTOR CONDITIONS CONTRACTOR DEATH SO NO.   | PERFORMED?   |  |  |  |  |  |  |  |
|   | A CCIDENT WAS INDEPLIVING TO 1 201 DESCRIPTION INVIDEN OCCUPED  | YES NO   |  |  |  |  |  |  |  |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)   | . (Enter nature of injury in Pert I or Part II of ilem 18.)  |  |  |  |  |  |  |  |
|   |   | CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete)   |  |  |  |  |  |  |  |
|   | Hour a.m.  While Not While sact of work of et work of the sact of | ory, street, office bldg., etc.)   |  |  |  |  |  |  |  |
|   | 21. I certify that (I) (this hospital) attended the deceased from OCT 22, 1957, to Ital 14, 1962, that (I) (we) last  |  |  |  |  |  |  |  |  |
|   | saw the deceased alive on 13, 19.6., and that   | death occured alliss.M, from the causes and on the date stated above.  |  |  |  |  |  |  |  |
|   | 220. SIGNATURE Warring ,  | ATTENDING MED. STAFF DIRECTOR PHYS.   Chill 14, 19 10, 100   |  |  |  |  |  |  |  |
|   | 22c. PHYSICIAN'S  | 22d. ADDRESS   |  |  |  |  |  |  |  |
|   | NAME (Type) Dr. Edwin L. Pierpont   | 8204 Liberty Rd., Baltimore 7, Maryland  |  |  |  |  |  |  |  |
|   | 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY   | M and the second |  |  |  |  |  |  |  |
|   | REMOVAL (Specify) Burial 4-17-62 Druid Ridge  | Cemetery Baltimore, Maryland   |  |  |  |  |  |  |  |
|   | 24 FUNERAL DIRECTOR'S SIGNATURE 8720PRESSI ber ty   |  |  |  |  |  |  |  |  |
| - | Forming Byers Randallstown  |  |  |  |  |  |  |  |  |

TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m X be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. VR A15 15M 7/61

CARRO Spring to a the the last through a last and The state of the s The state of the s THE SECOND SECON at the act of the

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|         |  | 04314   |                            | CERTII                        | FICA            | TE OF DEATH   | 1                       |   | Reg. Dist.     | 04310                                       |
|---------|--|---|----------------------------|-------------------------------|-----------------|---|-------------------------|---|----------------|---|
| 1.      | PLACE OF DEATH<br>o. COUNTY                          | Baltimore   | }                          | MARYL                         | AND             | 2. USUAL RESIDENCE (WHO o. STATE Md.                      | nere deceased           | lived. If instituti<br>b. COUNTY        | oni Residence  |   |
|         | b. CITY OR TOWN RURAL ond give Timon                 | (If outside corporate lim<br>pearest town)<br>LUM         | ts, write                  | c. LENGTH OF STAY I           | N 1b            | c. CITY OR TOWN (IF o                                     | nium                    | ote limits, write R                     | RURAL and give | nearest town)                               |
|         | d. NAME OF HOS<br>OR INSTITUTION                     | PITAL (If not in hospitol, quality 223 Falls              |                            |                               |                 | d. STREET ADDRESS<br>223                                  | Falls                   | Brook                                   | Rd.            | IS RESIDENCE     ON A FARM?     YES    NO D |
| 3.      | NAME OF<br>DECEASED<br>(Type or print)               | ANI   |                            | VERONICA                      | ,               | SCHAEFFER   | 4. DATE<br>OF<br>DEATH  | April                                   |                | Day Year                                    |
| 5.      | sex<br>female  | 6. COLOR OR RACE  | 7. MARE                    | RIED NEVER MARRIE             |                 | 8/31/84   |                         | 9. AGE (In years last birthday) 77 yrs. |                | EAR IF UNDER 24 HI                          |
|         | Sales1   | orking life, even if retired                              |                            | KIND OF BUSINESS OF ilma Thea |                 | TRY 11. BIRTHPLACE (Slote Baltimo                         | re, M                   |   | 12. CITIZE     | N OF WHAT COUN                              |
| 13.     | FATHER'S NAME<br>Ge                                  | orge Hors   | schi                       | neider                        |                 | 14. MOTHER'S MAIDEN N                                     | Watte                   | er                                      |                |   |
|         | WAS DECEASED E                                       | VER IN U. S. ARMED FOR<br>Ill yes, give war or dates of t |                            | SOCIAL SECURITY NO.           |                 | NFORMANT<br>therine Car                                   | nes,                    | dght,                                   |                |   |
|         | PART I. D  |   | 1 6                        | mobral,                       | Ko              | norkage   | •                       |   |                | INTERVAL BETWEEN ONSET AND DEATH            |
|         | gove rise to<br>couse (o), statin<br>lying couse los | g the under-  | 1 .6                       | beneraliza,                   | 10              | erlerrosele   |                         |   |                |   |
| CATION  | PART II. C   | eastern   |                            | contributing to DEA           |                 | not related to the termi                                  |                         |   | VEN IN PART 1  | 19. WAS AUTOPS PERFORMED? YES NO.           |
| CERTIF  | OR CONTRIBUTION                                      | VAS UNDERLYING  HG CAUSE OF DEATH FY MEDICAL EXAMINER)    | 20b. DES                   | CRIBE HOW INJURY OC           | CURRED          | ). (Enter nature of injury in f                           | Part I ar Part          | II of item 18.)                         |                |   |
| MEDICAL | 20c. TIME OF INJU<br>Hour o. m<br>p. m               | 10  | 20d. II<br>While<br>of wor | _ Not while_                  | 20e. PLA<br>foc | CE OF INJURY (Hame, form tory, street, office bldg., etc. | , 20f. (City            | ar town)                                | (Cou           | nty) (Sto                                   |
|         | alive an   | that I attended the                                       | ., 19_4                    |                               |                 | w.D   | M, fram<br>ADDRESS (Str | the causes of eet, city or town,        | and an the     | DATE SIG                                    |
| 22      | o. BURIAL, CREMAT<br>REMOVAL (Species BUITal         | J 04M  ION, 22b. DATE THERECO                             |                            | 22c. NAME OF CEME<br>Gardens  |                 | CREMATORY<br>Eaith  | 22d, LOCATI             | ON (City, tawn, timore,                 | ar county)     | (State)                                     |

23. FUNERAL DIRECTOR'S SIGNATURE Chimunek Funeral Home 3331 Brehms Lane

sed

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE APR 1 2 '62

may be retained by TO HOSPITAL OR VS A15 (4) 15M 9/55

soth. Page 4

Pages 1

cremation, ar removal, and in any

page 3 shauld be detached for use as the burial-tronsit the registror prior to burial, cremation, ar removal, and

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter After this certificate has been signed by the ottending physician and campletely filled in by the

the funeral strond ours after

TO HOSPITAL CALIENDING PHYSICIAN: The law requires that the death certificate be executed within 2. And death. Page 4 male be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cemainon, or removal, and in any event, within 72 hours after deaf VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04315 CERTIFICATE OF DEATH 04311

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)  |
|--|--|
| Baltimore MARYLAND   | o. STATE Maryland b. COUNTY Baltin ore   |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| write RURAL end give neerest town)   | /  |
| Catonsville   2yr2mth25dys   | Daterwole  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   | d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  |
| SPRING GROVE STATE HOSPITAL  | 1023 Elmridge Avenue YES NO  |
| 3. NAME OF First Middle DECEASED   | Last 4. DATE Month, Doy Yeer OF  |
| (Type or print) Mattie Henrietta   | Schmidt DEATH (MM) 1962  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8   | DATE OF BIRTH  9. AGE Un yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  |
| female white widowedk DIVORCED   | Oct. 15, 1883 Tast birthdey Months Deys Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR  |  |
| done during most of working life, even if retired) unknown (none)  Housewife   | Manual and   |
| 13. FATHER'S NAME  | Maryland U.S.  |
|  | xxxxxx Louisa Sonn   |
| unixxxxxxx August Clay   | ulikilwh -   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unknown)   (Ifyesgive werordatesofservice)   none | INFORMANT Address  |
| unknown unknown Re   | cords: SPRING GROVE STATE HOSPITAL   |
| 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  | INTERVAL BETWEEN   |
| PART I. DEATH WAS CAUSED BY:   | ONSET AND DEATH  |
|  | cardiovascular disease   |
| DUE TO   |  |
|  | iosclerosis, severe  |
| geve rise to immediate cause (a), stating the underlying  DUE TO   |  |
| ceuse lest. (c)  |  |
|  | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY  |
| <u> </u>   | PERFORMED? YES NO NO   |
| S ACCIDENT WAS INDEPLIANCE TO LOOK DESCRIPTION IN HIRV OCCURRED  | YES NO   |
| OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | , (Enter nature of injury in Peri ) of Peri II of Hem 10.)   |
|  | CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)   |
| Hour e.m. While Not While tack   | ory, street, office bldg., etc.)   |
| 21. I certify that (this hospital) attended the deceased from.   | Jan. 15, 1960, to April 10, 1962., that 11) (we) last  |
|  | death occured at   |
| 22e. SIGNATURE   | 22b, DATE  |
| 1.00 c (12.00.00)  | .D. ATTENDING MED. STAFF H-11-62 SIGNED  |
| 22c. PHYSICIAN'S NAME (Type)   | 22d. ADDRESS SPRING GROVE STAE HOSPITAL  |
| NAME (Type) Stella Wachbler, M. D.   | Caton ville 28, Maryland   |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY  | OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| BURIAL (Specify) 4-14-62 St. John's Cen  | netery Parkville   |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| Wm.Cook, Inc., 1217 St. Paul Street, Baltin  | nore 2 DATAPR 13'62 Calina & Kana  |
|  | The state of the s |

DELO: MASS - PROPERTY - PARTY - PART 5 300 The land of the land of the land Pariswille u de la companya de la Marchael, Inc., ale St. Paul Street, In. Philose J.

### FOR STATE HEALTH DEPT. Page Health, es.

TO DEPUTY MEDICAL XAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the certifical writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

5M 2/57

04316

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OADAO

|    |      | U  | 4 | O | A |
|----|------|----|---|---|---|
| -0 | Dist | No |   |   |   |

| 1. PLACE OF DEATH  o. COUNTY  Baltimore  | MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  b. COUNTY Baltimore   |
|--|--|
| b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest town)  Dundalk  | OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Dundalk  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street 8326 Bletzer Road  | eel oddress)  d. STREET ADDRESS  8326 Bletzer Road  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)  |
| DECEASED   | Middle Lost A. DATE Month Doy Yeor SCHOEFFIELD APril 24 19 62  |
| 2 6 11 6 2 6   | IVORCED Dec. 18,1893 68 yrs. Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife at ho  13. FATHER'S NAME                    | INESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  DIME Baltimore, Md. U,S.A.  14. MOTHER'S MAIDEN NAME  |
| Ludwig Grill   | Theresa Fuchs  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECU   (If yes, give wor or dates of service)  | Joseph Schoeffield, husband, above   |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?   |
| PRIMARY Or CONTRIBUTING   CAUSE OF DEATH.  | VES NO   |
|  | Rescribed abave, held an Autopsy , Inspection Inquiry , and in my Accident , Suicide , Hamicide , Undetermined manner   M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   |
| EXAMINER'S M. B. Davis   | DEPUTY MEDICAL EXAMINER D 7/25/62  |
| Burial 4/27/ 62 Wood   | of CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stole) dlawn Cemetery Woodlawn, Md.  |
| 23. FUNERAL DIRECTOR'S SIGNATURE 6harles E. Schimunek Fune 3331 Brehms Lane  | The state of the s |

BLATE FOR

1. PLACE OF DEATH

NAME OF

DECEASED

(Typa or print)

Baltimore

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

b. CITY OR TOWN (if outside corporate limits,

write RURAL and give naarest town)

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

> 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) b. COUNTY

> > 4-27

. IS RESIDENCE ON A FARM?

YES NO

62

Yaar

19

Day

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)

Sherwood Road

OF DEATH

|  |   |   | 4  |
|--|---|---|----|
| n signed by the attending physician and completely filled they the funeral | -transit permit. Then please remove carbon papers. Pages 1 and 2 should | death   | 11 |
| filled in  | Pages 1   | mation, or removal, and in any event, within 72 hours after death |    |
| mpletely   | papers.   | n 72 ho   |    |
| and co   | carbon  | it, with  | ,  |
| hysician   | remove  | any ever  |    |
| nding p  | please  | and in a  |    |
| the afte   | t. Then   | emoval,   |    |
| ned by   | if permi  | on, or re   |    |
| BIS U  | -frans  | mafic   |    |

| should | M) |
|--------|----|
| 17 W   |    |
| and    |    |
| 6 9    |    |
| - b    | ,  |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in as be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL death, Page 4 m director, page 3 : be filed with the

VR A15 (4) 15M 9/60

| 5. SEX 6.                     | COLOR OR RACE 7. N     | ARRIED NEVER MARRIE            | ED B. DATE OF B        | IRTH                      |                     | IF UNDER 1 YEAR | IF UNDER   | 24 HRS. |
|-------------------------------|------------------------|--------------------------------|------------------------|---------------------------|---------------------|-----------------|------------|---------|
| male                          | 1                      | DOWED DIVORCE                  | _ // ~                 | , 1882                    | dast birthday)      | Months Days     | Hours      | Min.    |
| 10a. USUAL OCCUPATION         | Giva kind of work      | 10b. KIND OF BUSINESS OF       | R INDUSTRY   11. BIRTH | PLACE (County & State     | or foreign country) | 12. CITIZEN C   | F WHAT     | OUNTRY? |
| dona during most of working   | lite, aven if retirad) |                                | 14                     | 1 1                       |                     | 1101            |            |         |
|                               | Junisher               |                                | Mar                    | yland                     |                     | USH             |            |         |
| 13. FATHER'S NAME             |                        |                                | 14. MOTH               | R'S MAIDEN NAME           |                     |                 |            |         |
| D: 1 1                        | C-1                    |                                | 51:                    | 1 - 11                    | Reilly              |                 |            |         |
| 15. WAS DECEASED EVER IN      | Schriner               | LAC COCIAL SECURITY            | O. 17. INFORMAN        | zabeth)                   | Address             |                 |            |         |
| (Yas, no, or unkown)   (Ifyes |                        |                                |                        | C .                       |                     |                 |            |         |
|                               |                        |                                | Bertho                 | Schriner                  |                     | 1               | ame.       |         |
| 18. CAUSE OF DEAT             | H [Entar only ona caus | a par lina for (a), (b), and ( |                        |                           | 1.4                 | IN              | TERVAL BET |         |
| PART I. DEATH WA              | AS CAUSED BY:          | ma . A                         | 20/11                  | 21 7 61                   | FARCI               | 6. 4 16 01      | SET AND    | DEATH   |
|                               | EDIATE CAUSE (a)       | MYCC                           | ARLIN                  | The The                   | 1/1ECI              | 101Y            |            |         |
| 42011                         | DUE TO                 | / /                            |                        |                           |                     |                 |            |         |
| Conditions, if any, w         | hich > /b)             |                                |                        |                           |                     |                 |            |         |
| gava rise to immediata d      | 1-/                    |                                |                        |                           |                     |                 |            |         |
| (a), stating the underl       | P DUE TO               |                                |                        |                           |                     |                 |            |         |
| cause last.                   | (c)                    |                                |                        |                           |                     |                 |            |         |
| Z PART II. OTHER SIG          | NIFICANT CONDITION     | S CONTRIBUTING TO DEAT         | TH BUT NOT RELATED T   | O THE TERMINAL DISEA      | SE CONDITION GIV    | EN IN PART 1(a) | 19. WAS A  | UTOPSY  |
| PART II. OTHER SIG            |                        |                                | -                      |                           |                     |                 | -          | RMED?   |
| 3                             | EL HOLL                |                                |                        |                           |                     |                 | YES        | NO I    |
| 20a. ACCIDENT WAS U           |                        | DESCRIBE HOW INJURY            | OCCURED. (Entar natur  | of injury in Part I or Pa | art II of itam 18.) |                 |            |         |
| (IF EITHER, NOTIFY MED        |                        |                                | 6 manual               | -                         |                     |                 |            |         |
| 20c. TIME OF INJURY           | Month, Day, Year       | 20d. INJURY OCCURRED           | 20a PLACE OF INIUS     | Y (Homa, farm, : 20f.     | City or town)       | (County)        |            | (Stata) |
| 20c. TIME OF INJURY Hour a.m. | Monni, Day, Teal       | While Not While                | factory, streat, of    |                           | can't or rown,      | (200/)          |            | (0.0.0) |
| p.m. 45                       | 19                     | at work at work                | -                      |                           |                     | -               |            |         |
| 21 I contifu that             | //\ (41:0 hamital)     | attended the decease           | od from -5//           | 3 196-1,                  | to 4/19"            | 7 1966          | that (I)   | last    |
|                               | 21                     | 1 -2 - 1 - 2                   |                        | . 165                     | ' /                 |                 |            |         |
| saw the deceased              | alive on               | 1962                           | and that death oc      | cured at                  | rom the causes      | and on the d    |            |         |
| 22a. SIGNATURE                | 121                    | 11:41                          | ATTEN                  | DING -                    | STAFF               |                 | 226        | SIGNED  |
| 11/                           | . ///                  | 1 mille                        | M.D. PHYS.             | DIRECTOR                  | PHYS.               |                 | ell.       | 77/12   |
| 22c. PHYSICIAN'S              | 111                    | 11111000                       |                        | ADDRESS                   |                     |                 | 1/1        | 8/6-    |
| NAME (Typa)                   |                        |                                |                        |                           |                     |                 | 1          | /       |
|                               |                        |                                |                        |                           |                     |                 |            |         |
| 23a. BURIAL, CREMATION,       | 23b. DATE THEREOF      | 23c. NAME OF                   | EMETERY OR CREMAT      | ORY   23d. L              | OCATION (City, to   | vn or county)   | (5         | tata)   |
| REMOYAL (Spacify)             | 11-30-62               | Gardens                        | of faith               | Bal                       | timore,             | Md.             |            |         |
|                               | ICHATURE               | ADDRESS                        | 0                      | 25a. REC'D BY RE          |                     | GISTRAR'S SIGNA | TURE       |         |
| 24 FUNERAL DIRECTOR'S S       | 0 1 0                  | ADDKE22                        | 10 1                   | MAY 4                     |                     | Tribus S. H     |            |         |
| Leonard J.                    | Ruck Inc               | 5305 Harto                     | ord Road               | DATE MAL "                | 02                  | 2, /            | A MANUE    |         |
|                               |                        | 0                              |                        |                           |                     | 17.50           |            |         |
|                               |                        | District Control               |                        |                           |                     |                 |            |         |

CLED DANIES IN GERMANY SERVICES OF THE STATE OF THE SERVICES O 01810 The same of the state of the st Manufast Tool of Little AND THE STATE OF THE PARTY OF THE ale di de la constanti de la c Leonous J. recipies Com Can

### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. STATE Md b. COUNTY Baltimore a. COUNTY Raltimore ō FILAS MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Departmen death. write RURAL and give neerest town) your **Catons ville**d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Catonsville "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral di xaminer's Office along with form PM3. Page 5 may be retained for used as a burial-transit permit. File pages 1 and 2 with the State Dep cremation, or removal, and in any event within 22 bouts after dea e. IS RESIDENCE ON A FARM? YES TO NO T NAME OF 08 S. Symington Ave Apt B Symington Ave Apt .B 2 with the Sin 72 hours DECEASED (Type or print) DEATH 19 Arthur WAlter Schwarz 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. Oct. 5.1891 White last birthdey) Male Months Hours 0 WIDOWED ! DIVORCED VIS 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman- West Chemical Products Col Baltimorek M 13. FATHER'S NAME Schwarz Christinia ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ottilia Schwarz 208 S. Symington Ave. (Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN removal Coronary thrombosis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) cremation, gave rise to immediate cause writing the word "pending" he Chief Medical Examiner's Page 3 should be used as a ent, prior to burial, cremation DUE TO certificate (a), sleting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? EXAMINER: This YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL A Chief to the Chief MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20t. (City or lown) (County) agent, While Not While fectory, street, office bldg., etc.) al work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion its designated should be forwarded FUNERAL DIRECT death resulted from: Natural causes | 30 Accident Suicide Homicide Undetermined manifer CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S Geo . S.M. Kieffer M.D. NAME (Type) Address (Street, city, town, or county lealth 22d. LOCATION (CLOSO, Leeds Ave - (State) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 로40 도 OI Baltimore Md. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Rurial Woodlawn Cemetery 23. FUNERAL DIRECTOR VR A15ME APR 3 0 '62 arthur S. Krous 5M 1/62 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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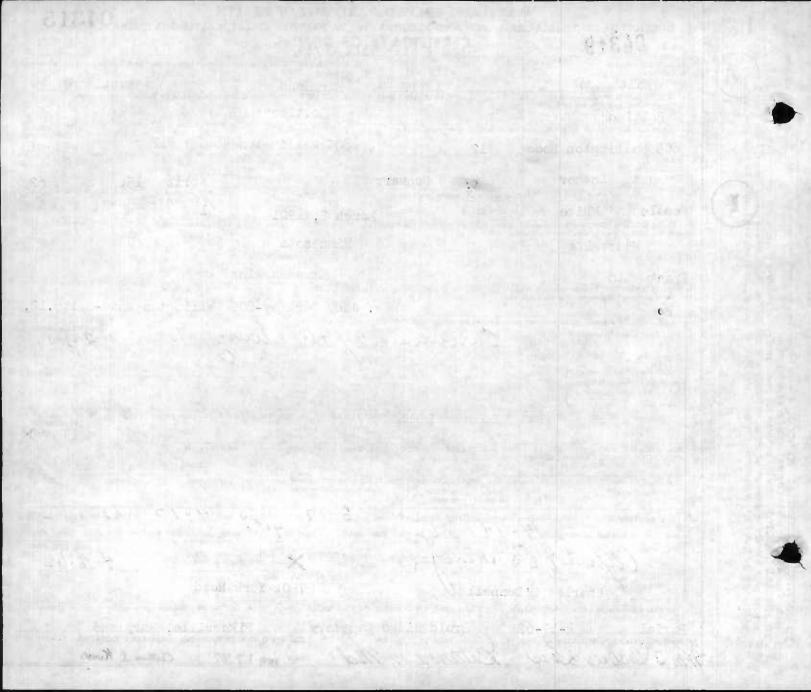
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after the death. Page 4 May be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth.

DIVI:

|                    | MARYLAND STATE DEPARTMENT OF HEALTH  | 04245    |
|--------------------|--|----------|
| SION OF STATISTICA | MARYLAND STATE DEPARTMENT OF HEALTH  L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, | MARYLAND |
| 04319              | CERTIFICATE OF DEATH   |          |

| 1.            | PLACE OF DEAT       | гн  |                 | TOCH I TI                 | 2         | . USUAL RESIDEN            |                  | eceesed lived, If                       |            | Residen  | ce before e | dmission) |
|---------------|---------------------|---|-----------------|---------------------------|-----------|----------------------------|------------------|---|------------|----------|-------------|-----------|
|               | Balti               | imore .   |                 | MARYLA                    | ND        | Maryland                   |                  | B. CO 0.                                |            | lti      | more        |           |
|               | b. CITY OR TOWN     | (if outside corporete limited give neerest town)            | 5,              | c. LENGTH OF STAY I       | N 1b      | c. CITY OR TOWN            | (If outside corp | orate limits, writ                      | e RURAL an | d give   | neerest tow | n)        |
|               | Baltim              |   | E Tal           |                           |           | × Baltimo                  | ore              |   |            |          |             |           |
|               |                     | PITAL OR INSTITUTION (                                      | f not in hospit | tel, give straet address) |           | d. STREET ADDRESS          |                  |   |            |          |             | ESIDENCE  |
|               | 805 Well            | ington Road   | #12             | 2                         |           | 805 Wellin                 | ngton R          | load #.                                 | 12         |          |             | NO        |
| 3.            | NAME OF<br>DECEASED | First   |                 | Middle                    |           | Lost                       | 4. DATE          | Mont                                    | h          | Dey      | Yeer        |           |
|               | (Type or print)     | Esther  | 1               | Schwa                     | rz        |                            | DEATH            | April                                   | 15.        |          | 19          | 62        |
| 5.            | SEX                 | 6. COLOR OR RACE  | 7. MARRIED      | NEVER MARRIED             | 7   8. D  | ATE OF BIRTH               | 5                | , AGE (In yeers                         | IF UNDER   | YEAR     | IF UNDER    |           |
|               | Female              | White   | WIDOWED         | DIVORCED [                | Man       | rch 2, 190]                |                  | last birthdey)                          | Months     | Deys     | Hours       | Min.      |
| 10            | . USUAL OCCUPA      | TION (Give kind of work                                     | 10b. KIN        | D OF BUSINESS OR IN       |           | 11. BIRTHPLACE (Cou        | inty & State, or | foreign country                         | 12. CIT    | IZEN O   | F WHAT      | OUNTRY?   |
| de            |                     | working life, even if retire                                | ۵)              |                           |           | Minnesota                  |                  |   | US         | SA       |             |           |
| 13.           | FATHER'S NAME       | sewife  |                 |                           | 1.14      | MOTHER'S MAIDEN            | NAME             |   | 1 00       |          |             |           |
|               |                     | 771   |                 |                           |           | Emma Ha                    |                  |   |            |          |             |           |
|               |                     | III<br>EVER IN U.S. ARMED FOR                               | CES?   16. Sc   | OCIAL SECURITY NO.        | 17. INT   |                            |                  | Addras                                  | 5          |          |             |           |
|               |                     | (If yas give war or detes of s                              |                 |                           |           |                            | 005              |   |            | and      | Dal+-       | 12 1      |
| _             | No                  |   |                 |                           | irs.      | Judy Burkle                | ay-005           | Mettrug                                 | ton Ro     |          |             |           |
|               |                     | TH WAS CAUSED BY: IMMEDIATE CAUSE (e)                       | cousa per line  | e for (e), (b), and (c).  | 61 /      | of the                     | lun              | 0                                       |            |          | TERVAL BET  | DEATH     |
|               | 1163                |   | - V             | 0000000                   |           | 1                          |                  | 5                                       |            |          | 1           |           |
|               | 00                  | DUE TO  |                 |                           | - 1       |                            |                  |   |            |          | ,           |           |
|               | Conditions, if a    |   |                 |                           |           |                            |                  |   |            | -        |             |           |
|               | (a), steting the    | DITE TO   |                 |                           |           |                            |                  |   |            |          |             |           |
|               | cause last.         | ) (c)   |                 |                           |           |                            |                  |   |            |          |             |           |
| NO            | PART II. OTH        | IER SIGNIFICANT CONDI                                       | TIONS CONT      | RIBUTING TO DEATH B       | UT NOT F  | RELATED TO THE TERM        | INAL DISEASE     | CONDITION GI                            | VEN IN PAR | T 1(e) 1 | 19. WAS A   | RMED?     |
| 14            |                     |   |                 |                           |           |                            |                  |   |            | -        | YES         | NO X      |
| CERTIFICATION | OR CONTRIBUTIN      | WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER) | 20b. DESCI      | RIBE HOW INJURY OC        | CURED. (E | nter neture of injury in   | Pert I or Part   | ll of item 18.)                         |            |          |             |           |
| 3             | 20c. TIME OF IN     | JURY Month, Dey, Ye   | er   20d. IN    | IJURY OCCURRED   20       |           | OF INJURY (Home, fer       |                  | y or fown)                              | (Co        | unty)    |             | (State)   |
| MEDICAL       | Hour a.m            |   | While at work   | Not While                 | fectory   | , street, office bldg., et | c.)              |   |            |          |             |           |
| Z             | p.m                 |   |                 | at work                   |           | 1-10                       |                  | 41                                      | 5          | 11       |             |           |
| 10            | 21. I certify       | that (I) (this hospi  | 1 1             |                           |           | 6-11                       | 19.6.4 to        | *************************************** |            |          | hat (I) (   |           |
|               | saw the dece        | ased alive on7.   | - 1.T           | 19 G. 2 and               | I that d  | eath occured at.7.         | M, from          | m the causes                            | and on     | the da   | ate state   | d above.  |
|               | 220. SIGNATUR       | Mud H. C  | Ssm             | and                       |           |                            | MED.<br>DIRECTOR | STAFF PHYS.                             |            | 4.       | 16-6        | SIGNED    |
|               | 22c. PHYSICIAN      | 7   | -               | 1                         | M.D.      | 22d. ADDRESS               | DIRECTOR [       |   |            |          | 16.0        |           |
|               | NAME (TY            | oel   | Donnel          | 1 //                      |           |                            | York             | Road                                    |            |          |             |           |
| 23            | a. BURIAL, CREMA    | TION, 236. DATE THE   | REOF            | 23c. NAME OF CEME         | ETERY OR  | CREMATORY                  | 23d. LOC         | ATION (City, to                         | wn or coun | ty)      | (5          | itete)    |
|               | Burial              | 11-17-6   | 2               | Druid Rids                | re Ce     | meterv                     | Pike             | sville.                                 | Mary       | land     |             |           |
| 24            | FUNERAL DIRECT      |   | 1               | ADDRESS                   | 1         |                            |                  | TRAR 256. RE                            | GISTRAR'S  | SIGNA    | TURE        | 1         |
| 12            | lan Tolen           | bres a leans  | 13              | Attention is              | o m       | N. DATE                    | 100 1 7 1        | 62 (                                    | Lithun &   | 1 Ku     | and.        |           |
| VI            | 111 4. 0000         | THE TONE  | N. E            | uguino il                 | ,116      | in pair                    | IDB I            | UK.                                     | ~vorum! _  | , , 45   |             |           |



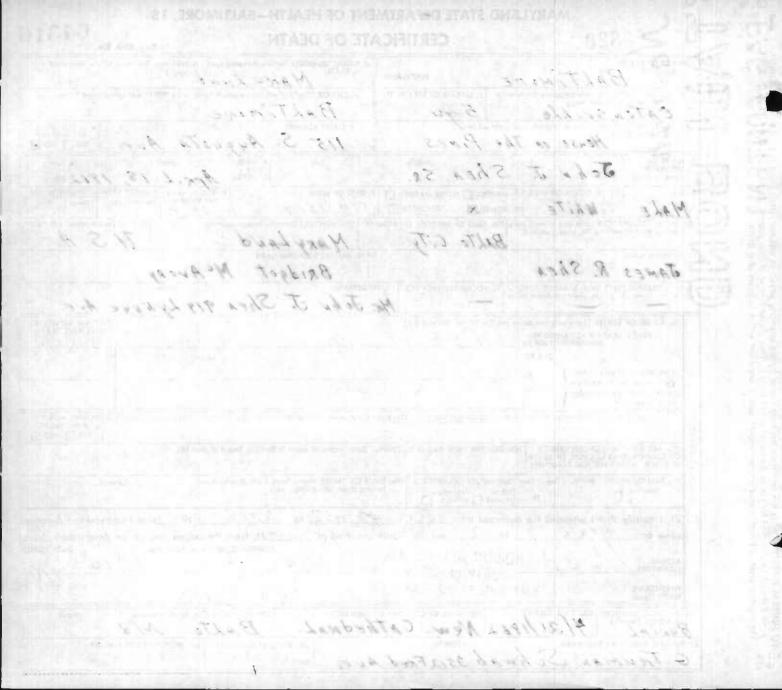
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04316

| 04320   | CERTIFICA                              | ATE OF DEATH   | 1                                  | Reg. Dist. No.                  | 04316                          |
|---|--|--|------------------------------------|---------------------------------|--------------------------------|
| 1. PLACE OF DEATH O. COUNTY  BALTIMORE  | MARYLAND                               | 2. USUAL RESIDENCE (WI                                       | here deceased lived. If insti      | itution: Residence befor        | e admission)                   |
| b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  CATONSVILLE   | c. LENGTH OF STAY IN 16                | c. CITY OR TOWN (IF C  | outside corporate limits, write    | te RURAL and give near          | rest town)                     |
| d. NAME OF MOSPITAL (If not in hospital, give street of OR INSTITUTION HEUSE IN The   | Pines                                  | d. STREET ADDRESS  | AugusTA                            | Ave.                            | ON A FARM? YES NO              |
| 3. NAME OF DECEASED (Type or print) John J. Si  | BEA SR.                                | Last   | 4. DATE OF DEATH APRIL             | Manth Day                       | Year<br>PS 2 19                |
| MALE WhiTE WIDOWE   | DIVORCED [                             | 8. DATE OF BIRTH 3/4/18/8                                    |                                    | ors IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|   | LTO. G'TY                              | MARY L   | ar fareign country)                | 12. CITIZEN OF                  | A.                             |
| JAMES R. Shen   |  | 14. MOTHER'S MAIDEN P  | NAME + MCAV                        | ORY                             |                                |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)   | OCIAL SECURITY NO. 17. II              | NFORMANT . John J.   | Shen 919                           | Address<br>Lynuye               | tve.                           |
| 18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last.  (c) | e for (o), (b), and (c).] PNEUMO       | NIA  |                                    | INTE                            | RVAL BETWEEN ET AND DEATH      |
| PART II. OTHER SIGNIFICANT CONDITIONS CO  |  |  |                                    |                                 | PERFORMEDZ YES NO              |
|   | RIBE HOW INJURY OCCURRED               |  |                                    |                                 |                                |
| 20c. TIME OF INJURY Manth, Day, Year 20d. IN. Hour a. m. 19 White at work   | Nat while too                          | ACE OF INJURY (Home, farm<br>tary, street, affice bldg., etc | 20f. (City or town)                | (County)                        | (State)                        |
| 21. I certify that I attended the decease alive on  | 2. , and that death<br>RTAN LAPP, M,D. | u.o. 489   |                                    |                                 |                                |
| 220. BURIAL, CREMATION, BEMOVAL (Specify) 4/21/1962   | New. CAT.                              | R CREMATORY<br>HEDRAL  | 22d. LOCATION (City, tow<br>BALTO. | n, or county)  Md.              | (State)                        |
| 23. FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                                |  |                                    | GISTRAR'S SIGNATUR              |                                |

VS A15 (4) 15M 10/57

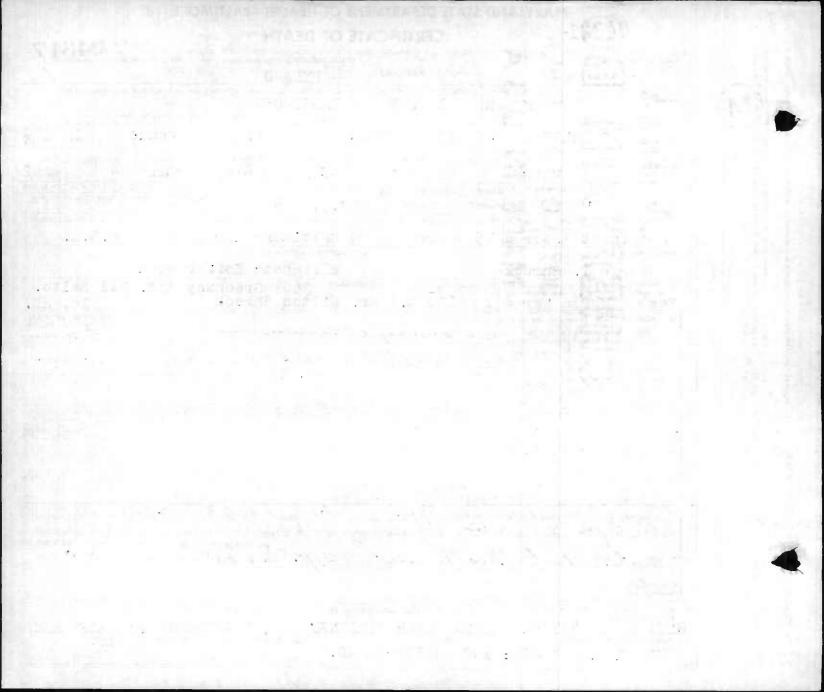


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VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04321 CERTIFICATE OF DEATH

|   | Reg. Dist, No. 7   |
|---|--|
| 1. PLACE OF DEATH  a. COUNTY  BAITTMORE  MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY                              |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  TOWSON  C. LENGTH OF STAY IN 1b  WEEK                                     | c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  BALTIMORE  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) ARMACOST NURSING HOME 812 REGEST  | d. street address ER 9 South Linwood Avenue  e. is residence on a farm? yes \( \sigma \) no \( \sigma \)                                       |
| 3. NAME OF First Middle (Type or print) HARRY CLIFTON   | SHRECK 4. DATE Manth Day Year SHRECK DEATH APRIL 4 19 62   |
|   | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   AUG . 5, 1889 72 yrs.   Months   Days   Haurs   Min.                   |
| 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Machinist Retired 15 Years                                     | Baltimore Maryland U.S.A.  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| George T. Shreck  | Elizabeth Hofferberth  |
| (Yes, no, or unknown) (If yes, give war or dates of service)  | NFORMANT 3601 Greenway Apr. 311 Balto.<br>Ir. Milton Shreck 18, MD.  |
| Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.   | 2 montpainer 15 mos  |
| CATIC   | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | D. (Enter nature of injury in Part I ar Part II of item 18.)   |
|   | ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)  |
| 21. I certify that I oftended the deceased from January alive on Cipic 3, 1967, and that death ACTUAL SIGNATURE Shalles & MacMenny, PHYSICIAN'S NAME (Type) | accurred at 2.10 pM, from the causes and an the date stated abave  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 2900 and Saccurred |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 4/7/62. OAK LAWN CF  | R CREMATORY 22d. LOCATION (City, town, or county) (State)  EMETERY BALTIMORE MARYLAND  |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HENRY SANDER & SONS INC BALTIMORE  | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE   |



TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24, hours after death. Page 4 m, be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04318

| 1. PLACE OF DEATH 6. COUNTY |  |                     |                      | 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)  a. STATE b. COUNTY |   |                        |                                 |                |                 |           |
|-----------------------------|--|---------------------|----------------------|---|---|------------------------|---------------------------------|----------------|-----------------|-----------|
| Baltimore MARYLAND          |  |                     |                      |   | Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |                        |                                 |                |                 |           |
| b. CITY OR TO<br>write RUR  | OWN (if outside corporete limi<br>AL and give nearest lown)      | ts, c. L            | ENGTH OF STAY IN 16  | c. CITY C   | R TOWN (II  | f outside corp         | orate limits, write             | RURAL and gi   | ive neerest tow | vn)       |
| Dur                         | ndalk  |                     |                      | X D   | undalk  | 2                      |                                 |                |                 | -         |
|                             | HOSPITAL OR INSTITUTION (  | if not in hospital, | give street address) | d. STREET   | ADDRESS   |                        |                                 |                |                 | ESIDENCE  |
| 697/                        | 4 Homeway  |                     |                      | 0   | OT A II.  |                        |                                 |                | YES             | A FARM?   |
| 3. NAME OF                  | ± 110meway First   |                     | Middle               | O   | 914 H   | 4. DATE                | Month                           |                | Dey Yee         | , ,       |
| DECEASED                    |  |                     | Middle               | Ldsi  |   | OF                     | Monit                           |                | rey ree         | ır        |
| (Type or print)             | LERUY  |                     | E                    | SHUPE   |   | DEATH                  | Apri                            | 1              | 7 19            | 62        |
| 5. SEX                      | 6. COLOR OR RACE   | 7. MARRIED          | NEVER MARRIED        | 8. DATE OF BIR  | TH  | 9.                     | AGE (In years<br>last birthday) |                |                 | R 24 HRS. |
| Male                        | White  | WIDOWED [           | DIVORCED             | 11-6-02   |   |                        | 59 yrs.                         | Months Day     | rs Hours        | Min.      |
| done during most            | CUPATION (Give kind of work<br>t of working life, even if retire | d) 10b. KIND O      | F BUSINESS OR INDUS  | TRY 11. BIRTHPL   | ACE (Count  | ty & Stete, or         | foreign country)                | 12. CITIZEI    | OF WHAT         | COUNTRY   |
| Railro                      |  |                     |                      | Penns   | vlvani  | a                      |                                 | U.             | S.A.            |           |
| 13. FATHER'S NA             | AME  |                     |                      | 14. MOTHER  |   |                        |                                 | 1              |                 |           |
| Edward                      | d Shupe  |                     |                      | Pr  | icilla  | a Walke                | 77                              | Pr .           |                 |           |
| 15. WAS DECEAS              | SED EVER IN U.S. ARMED FOR                                       | CES? 16. SOCI       | AL SECURITY NO. 17.  |   |   | 1 / Schooland & School | Address                         |                |                 |           |
| no                          |  |                     | Mr                   | s. Ella   | Shumer S  | Shune                  | 6914 HO                         | MATHRATI       | Dundall         | le 99     |
|                             | OF DEATH Enter only one  | cause per line for  | (e), (b), end (c).]  |   | A .   | mape                   | ODIE HO                         | meway,         | INTERVAL BET    | TWEEN     |
| PART I.                     | DEATH WAS CAUSED BY  | Con                 | La ardinal           | 160   | lua   | NA                     |                                 |                | ONSET AND       | DEATH     |
| 11                          | IMMEDIATE CAUSE (a)  | Core                | une me               | A Cuc   | roce  | 13                     |                                 |                | 02 91           | -         |
| 16                          | DUE TO   |                     |                      |   |   | - 1                    |                                 |                |                 |           |
|                             | if eny, which \ (b)  |                     |                      | 0   |   |                        |                                 |                |                 |           |
|                             | immediate cause DUE TO   |                     |                      |   |   |                        |                                 |                |                 |           |
| cause last.                 | the underlying   |                     |                      |   |   |                        |                                 |                |                 |           |
|                             | OTHER SIGNIFICANT CONDI  | TIONS CONTRIBU      | TING TO DEATH BUT N  | NOT RELATED TO  | THE TERMIN  | AL DISEASE             | CONDITION GIV                   | EN IN PART 1(a | 11 19. WAS A    | AUTOPSY   |
| 2                           | Office Grown Leville Corps                                       |                     | 10 10 02/11/10/1     | TOT KEERTED TO  | THE PERMIT  | THE DISEASE            | CONDITION OF                    | EIGHT FANT IO  | PERFC           | DRMED?    |
| 3                           |  |                     |                      |   |   |                        |                                 |                | YES             | NO 🗌      |
| OR CONTRIB                  | INT WAS UNDERLYING UTING CAUSE OF DEATH                          | 20b. DESCRIBE       | HOW INJURY OCCUR     | ED. (Enter neture o   | of injury in F  | Pert I or Pert II      | of item 18.)                    |                |                 |           |
| 3 20c. TIME O               | F INJURY Month, Day, Ye  | er   20d. INJUR     |                      | LACE OF INJURY  |   |                        | or town)                        | (County        | )               | (Stete)   |
| 20c. TIME O<br>Hour         |  |                     | 101 1111110          | actory, street, office  | e bldg., etc.   | )                      |                                 |                |                 |           |
| X                           | p.m. 19  | et work             | et work              |   |   | 1                      |                                 |                |                 |           |
| 21. I cert                  | ify that (I) (this hospit  | tal) attended       | the deceased from    | n   |   | 125.1 to.              | Ups                             | 19.6           | hat (1) (       | (we) last |
| saw the d                   | leceased alive on  | Wes                 | 19.6. and the        | at death occu   | red at //   | AM, from               | the causes                      | and on the     | date state      | d above   |
| 22a. SIGNA                  | TURE,  | 1                   | 1 1                  |   | 1   | 4                      |                                 | -              |                 | DATE      |
| 51                          | (21/20) (P. )  | vocks               | male                 | M.D. PHYS.  |   | RECTOR                 | STAFF<br>PHYS.                  | 4.             | -9-62           | SIGNED    |
| 22c. PHYSIC                 | TANS -   |                     |                      | 22d. AD   |   | 10                     |                                 | A              | 101             |           |
| NAME                        |  | ACKO                | WIAX                 | /   | 714   | MYS                    | hard 1                          | . 1            |                 |           |
|                             | 0.11   |                     |                      |   | 1-1-T-1   | 1100                   | 70700                           | W.             |                 |           |
| 23a. BURIAL, CR             | REMATION, 235. DATE THER   |                     | NAME OF CEMETER      |   | lΥ  | 23d. LOC/              | ATION (City, to)                | wn or county)  | (5              | Stete)    |
| removal (s                  | 4-11-62  | 0                   | ak Lawn Cer          | netery  |   | Balto                  | . Co., 1                        | VId            |                 |           |
|                             | ECTOR'S SIGNATURE  |                     | ADDRESS              |   | 25a. REC  | D BY REGIST            | RAR2 256. REG                   | GISTRANSISIS   | NATOURE/A       |           |
| Ullrich                     | I meral U-   | D                   |                      |   | DATE  | 296 11                 |                                 |                |                 |           |
|                             | uneral Home,   | , Dundall           | , Md.                |   |   | APR 1                  | 6 '62                           | Cirthung       | 2. Theres       | 1         |
|                             |  |                     |                      |   |   |                        |                                 |                |                 | -         |

THE START OF THE TANK OF THE VALUE HOSPING 81040 . Wastehman . nond Litront \* dolerfill hours after

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04319

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission)  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| e. COUNTY   | b. COUNTY  |  |  |  |  |  |  |  |
| Baltimore   MARYLAND  | Maryland Prince Georges  |  |  |  |  |  |  |  |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerast town)                            | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |  |  |  |  |  |  |  |
| Owings Mills, MD. June 25, 1959   | Hvattsville 1663.2.  |  |  |  |  |  |  |  |
| Owings Mills, MD. June 25, 1959 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)                        | Hyattsville  d. STREET ADDRESS  o. IS RESIDENCE  |  |  |  |  |  |  |  |
|   | ON A FARM?   |  |  |  |  |  |  |  |
| Rosewoold State Training School   | 5114 Baltimore Blvd.   |  |  |  |  |  |  |  |
| 3. NAME OF First Middle DECEASED  | 5114 Baltimore Blvd. YES NO L  |  |  |  |  |  |  |  |
| (Type or print)   | OF DEATH   |  |  |  |  |  |  |  |
| Dennis James  | Slunt April 20 1762  |  |  |  |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.   | DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |  |  |  |  |  |  |  |
| Male white WIDOWED DIVORCED   | The state of the s |  |  |  |  |  |  |  |
| 1De. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTRY  | March 26, 1958 4 Yrs.  |  |  |  |  |  |  |  |
| done during most of working life, even if retired)  | in. biking the (county a siele, or loreign country)  |  |  |  |  |  |  |  |
| Dependent   | Prince Georges- Maryland U.S.A   |  |  |  |  |  |  |  |
| 13. FATRER'S NAME   | 14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Unknown   | Bessie Cecelia Slugt 4209 Oglethorpe St.   |  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyesgiva war or detes of service) | NFORMANT . "Address  |  |  |  |  |  |  |  |
| A/A   |  |  |  |  |  |  |  |  |
|   | nstitutional Records Owings Mills MD   |  |  |  |  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one ceuse per line or (e), (b), end (c).]  | A ONSET AND DEATH  |  |  |  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Bilateral   | Broncho preumonia. Phos  |  |  |  |  |  |  |  |
|   | o his  |  |  |  |  |  |  |  |
| DUE TO C- 10:1-   | DUETO  |  |  |  |  |  |  |  |
| Conditions, if any, which (b) Complication  |  |  |  |  |  |  |  |  |
| gove use to illimediate cense   |  |  |  |  |  |  |  |  |
| (a), siering the underlying   |  |  |  |  |  |  |  |  |
| ceuse lest. (c) Clefter.  |  |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  |  |  |  |  |  |  |  |
| 15/0 tologo (1/0+1/11)  |  |  |  |  |  |  |  |  |
| 2Da. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED.  | Ander neture of injury in Pert I or Peri Not item 18.)   |  |  |  |  |  |  |  |
| 208. DESCRIBE HOW INJUST OF CEATH  OF CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)                           | Actier neture of injury in Peri I or Peri R of Hem IB.)  |  |  |  |  |  |  |  |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |  |  |  |  |  |  |
| ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE  | CE OF INJURY (Home, ferm, † 2Df. (City or town) (County) (State)   |  |  |  |  |  |  |  |
|   | ory, straat, offica bldg., atc.)   |  |  |  |  |  |  |  |
| Hour a.m.  yhile Not While factor et work et work et work   |  |  |  |  |  |  |  |  |
| 21 I consider that (I) Tibic bossital) attended the deceased from   | 6-25-1959 to 4-20-1962 that (1) (we) last  |  |  |  |  |  |  |  |
| 21. I Certify mai by (mis nospiral) allended the deceased from  | 155 190, 10  |  |  |  |  |  |  |  |
| saw the deceased alive on 4-20-1902, and that   | death occured at 6   |  |  |  |  |  |  |  |
| 22e. SIGNATURE  | 22b. DATE  |  |  |  |  |  |  |  |
| Column I Ma TI  | D. ATTENDING MED. STAFF PHYS.   ATTENDING MED. SIGNED PHYS.   4-21-62  |  |  |  |  |  |  |  |
| 122c. PHYSICIAN'S M.  | D. 1115. 1 DIRECTOR 11115.   |  |  |  |  |  |  |  |
| NAME (Type) / ( 10 to ) Matter  | 22d. ADDRESS Rosewood State Th School  |  |  |  |  |  |  |  |
| Zawaro u, I al news, 17.  | ). Ouings Mills, Md.   |  |  |  |  |  |  |  |
| 238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY C   |  |  |  |  |  |  |  |  |
| REMOVAL (Specify)   |  |  |  |  |  |  |  |  |
| Durial 17-24-62 Douthers 11   | elhocust Savage Maryland   |  |  |  |  |  |  |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  |  |  |  |  |  |  |  |
| X W W Chambara Co County  | PR 2 6 '62 Criting & Thomas  |  |  |  |  |  |  |  |
| 1. W. Mimore (a ) soll tege   | VETTO LLUDO  |  |  |  |  |  |  |  |
| Ruendal   | o ma   |  |  |  |  |  |  |  |

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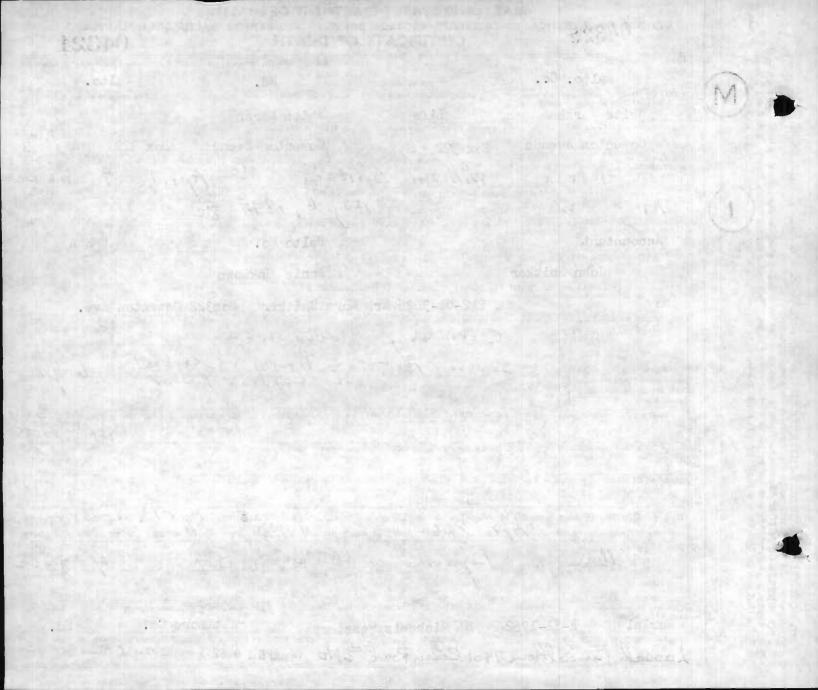
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after TO HOSPITAL

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| VR   | F > TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the f | 15  | (4)  |
| 15   | M  | डं जं director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 s | S. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death |

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04321

| 1. PLACE OF DEATH a. COUNTY Balto. Co. MARYLAND                              |   |   |              | 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before edmission)  a. STATE  Md.  Balto. |                               |                          |   |                                       |  |  |  |
|--|---|---|--------------|--|-------------------------------|--------------------------|---|---------------------------------------|--|--|--|
|  |   |   |              |  |                               |                          |   |                                       |  |  | outsida corporata limits<br>giva naarest town) |
| White Marsh Life   |   |   | White Marsh  |  |                               |                          |   |                                       |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) |   |   |              |  | d. STREET ADDRESS  ON A FARM? |                          |   |                                       |  |  |  |
| -  |   | ton Avenue  | Bo           | ox 322   |                               | nton Avenu               |   | 1 1                                   |  |  |  |
|  |   | redrich   | 1            | Villiam 3  | Snitker                       | 4. DATE<br>OF<br>DEATH   | April   | 9 1962                                |  |  |  |
| 5.   | SEX M   | 6. COLOR OR RACE                                    | 7. MARRIED   | NEVER MARRIED DIVORCED   | Aug, 6,                       |                          | GE in years IF UNDER 1 And the state of the | YEAR IF UNDER 24 HRS. Days Hours Min. |  |  |  |
| 10a  | . USUAL OCCUPATION  | ON (Give kind of work<br>king life, even if retired | 10b. KII     | ND OF BUSINESS OR INDUS  | TRY 11. CIRTHPLACE            | County & State, or fore  | eign country)   12. CIT   | IZEN OF WHAT COUNTRY?                 |  |  |  |
|  | Account   |   | '            |  | Balto                         | Balto Md. USA            |   |                                       |  |  |  |
| 13.  | FATHER'S NAME   |   |              |  | 14. MOTHER'S MAI              | 14. MOTHER'S MAIDEN NAME |   |                                       |  |  |  |
|  |   | John Snitke   |              |  |                               | e Unknown                |   |                                       |  |  |  |
| 15.<br>{Ye   | s, no, or unkown) [[ff  | R IN U.S. ARMED FOR Oyes give war or dates of se    | ES?   16. S  |  | INFORMANT                     |                          | Address   |                                       |  |  |  |
|  | No  |   |              |  | rs Nora Sni                   | tker Box                 | 322 Cowenton  |                                       |  |  |  |
|  |   | EATH [Enter only one of WAS CAUSED BY:              | cause per li |  | 1                             |                          |   | ONSET AND DEATH                       |  |  |  |
|  |   | MMEDIATE CAUSE (a)_                                 |              | oromsky  | 066/                          | 2)10~                    |   |                                       |  |  |  |
| Conditions, if any, which gave rise to immediate cause DIFTO                 |   |   |              |  |                               |                          | 1   |                                       |  |  |  |
|  | Conditions, if any,<br>gave rise to immedia   | te cause  | 200          | 7411   | ant C                         | ordio va                 | Toolar  | 6 781                                 |  |  |  |
| - /4   | (e), stating the underlying DUE TO  |   |              |  |                               |                          |   | /                                     |  |  |  |
| z  |   | SIGNIFICANT CONDIT                                  | IONS CON     | TRIBUTING TO DEATH BUT   | NOT RELATED TO THE TE         | RMINAL DISEASE COI       | NDITION GIVEN IN PART   | I (e)   19. WAS AUTOPSY               |  |  |  |
| CATIO  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?  YES NO P   |   |              |  |                               |                          |   |                                       |  |  |  |
| CERTIF   | 208. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                         |   |              |  |                               |                          |   |                                       |  |  |  |
| MEDICAL CERTIFICATION  | 2Dc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  Hour a.m. Whila Not While factory, street, office bldg., etc.)  p.m. 19 at work at work |   |              |  |                               |                          |   |                                       |  |  |  |
|  |   | at (I) (this hospita                                | al) attend   | ed the deceased from   | Spring                        | , 195.8 to               | Apr:1, 19   | 6, that (I) (we) last                 |  |  |  |
|  | saw the decease   | ed alive on   | Apri         | 19.6 - and th  | at death occured a            | at 7.54M, from th        | he lauses and on  | the date stated above.                |  |  |  |
|  | 228. SIGNATURE  |   |              |  | ATTENDING                     |                          | STAFF   | 22b. DATE<br>SIGNED                   |  |  |  |
|  | Wil   | liam h  | . /          | you  | M.D. PHYS.                    |                          | PHYS.   | 4-9-62                                |  |  |  |
|  | 22c. PHYSICIAN'S<br>NAME (Type)   |   |              |  | 22d. ADDRESS                  |                          |   |                                       |  |  |  |
| 238  | REMOVAL (Specify)   | ON. 23b. DATE THERE                                 |              | 23c. NAME OF CEMETER   | 0                             |                          | on (City, town or count imore Co.   |                                       |  |  |  |
| 24   | FUNERAL DIRECTOR  | S SIGNATURE   | 02           | St Michaels ADDRESS  | emetery 25a.                  |                          | R 256. REGISTRAR'S  | 0 10                                  |  |  |  |
|  | Lassally  | Tuneral Ho  | ne.74        | 01 Belain Roa  | d #6 MD DATI                  | APR 1 0 '62              | arthur a  | 8. Thank                              |  |  |  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 01000

| 5.64005.F   | 04326  | CERTIFICA                        | IE OF DEAT                      |   |                           |               | \$550000        | EXCESSION       |
|---|--|----------------------------------|---------------------------------|---|---------------------------|---------------|-----------------|-----------------|
| 1. PLACE OF DEAT                                      | TH   |                                  | 2. USUAL RESIDEN                | CE (Where                               |                           |               | idence before   | admission)      |
| Baltin  | nore   | MARYLAND                         | Maryland                        |   | b. COUN                   | ТҮ            |                 | /               |
|   | l (if outside corporate limits,<br>nd give nearest town) | c. LENGTH OF STAY IN 16          | c. CITY OR TOWN (               | If outside co                           | orporate fimits, write    | RURAL end     | give neerest to | wn)             |
| Fort I  |  | 13 Days                          | Baltimore                       | 25                                      |                           | 7             | BVOL.           | 4               |
| d. NAME OF HOSE                                       | PITAL OR INSTITUTION (if not in                          |                                  | d. STREET ADDRESS               |   |                           |               | e. IS           | RESIDENCE       |
| Vetera  | ans Administrati   | ion Hospital                     | 3523 Third                      | Stree                                   | et                        |               | YES [           | and the same of |
| 3. NAME OF<br>DECEASED                                | First  | Middle                           | Last                            | 4. DATE                                 |                           |               | Day Ye          |                 |
| (Type or print)                                       | JOSEPH   | C.                               | SOMERVILLE                      | DEAT                                    | rgA HT                    | il            | 3 19            | 62              |
| 5. SEX  | 6. COLOR OR RACE 7. MAI                                  | RRIED NEVER MARRIED              | B. DATE OF BIRTH                | ,                                       | 9. AGE (In yeers          | IF UNDER 1 YE | AR IF UND       | ER 24 HRS.      |
| Male  | White WIDO   | WED DIVORCED                     | February 24,                    | 1907                                    | last birthday)<br>55 yrs. | Months Da     | ys Hours        | Min.            |
| 10a. USUAL OCCUPA                                     | ATION (Give kind of work working life, even if retired)  | . KIND OF BUSINESS OR INDUST     |                                 |   | or foreign country)       | 12. CITIZI    | EN OF WHAT      | COUNTRY         |
| Clerk   | working life, aven it fellied)                           | Food Market                      | Baltimore                       | Mar                                     | vland                     | II.           | S. A.           |                 |
| 13. FATHER'S NAME                                     | •  |                                  | 14. MOTHER'S MAIDEN             |   | J ==0.1.1                 |               | 01 211          |                 |
| John C. Se  | omerville  |                                  | Ella Farre                      | 11                                      |                           |               |                 |                 |
| 15. WAS DECEASED E                                    | EVER IN U.S. ARMED FORCES?                               | 16. SOCIAL SECURITY NO. 17.      |                                 |   | ECORDS ddress             |               |                 |                 |
| Yes   | (If yes give were rdates of service)                     | 01 F 10 7/7                      | HOSPITAL, FO                    |   |                           | CINATIVE      |                 |                 |
| 18. CAUSE OF  | DEATH  Enter only one cause p                            | per line for (e), (b), end (c).] |                                 | A14_ A4V                                | , rate                    | TIBILID       | INTERVAL B      |                 |
| PART I. DEA   | TH WAS CAUSED BY: IMMEDIATE CAUSE (a)                    | ERITONITIS DUE T                 | O GANGRENE O                    | F SMA                                   | LL BOWEL                  | DUE TO        | ONSET AND       | DEATH           |
| 5 -   |  | BSTRUCTION                       |                                 |   |                           |               | 10 DA           | YS              |
| Conditions, if as                                     | ny, which (b)  |                                  |                                 |   |                           |               |                 |                 |
| gave rise to imme                                     | diete ceuse  |                                  |                                 |   |                           |               |                 |                 |
| (e), stating the cause last.                          | Underlying (c)   |                                  |                                 |   |                           |               |                 |                 |
| Z PART II. OTH  | * /  | ONTRIBUTING TO DEATH BUT NO      | OT RELATED TO THE TERMI         | NAL DISEAS                              | E CONDITION GIV           | EN IN PART 1  |                 |                 |
| PART II. OTH PULMONA  20a. ACCIDENT IV OR CONTRIBUTIN | RY EMPHYSEMA.  | BRONCHOPNEUMONIA                 | TERMINAL-D                      | nrati                                   | on 2 Dave                 |               | YES X           | ORMED?          |
| E 20a. ACCIDENT                                       | WAS UNDERLYING   20b.                                    | DESCRIBE HOW INJURY OCCURE       |                                 |   |                           |               | 1               | l-d             |
| OR CONTRIBUTION                                       | G CAUSE OF DEATH FY MEDICAL EXAMINER)                    |                                  |                                 |   |                           |               |                 |                 |
| 3 20c. TIME OF IN.                                    | JURY Month, Day, Year   20                               | Dd. HIJURY OCCURRED   200. PL    | ACE OF INJURY (Home, farn       | n, ; 20f. (C                            | lity or town)             | (County       | /}              | (State)         |
| 20c. TIME OF IN.                                      | nh.  | hile Not While fac               | tory, street, office bldg., etc | .)                                      |                           |               |                 |                 |
|   |  | tended the deceased from.        | March 21                        | 1962, 1                                 | . April 3                 | 10.6          | 2, that (A)     | (wa) last       |
|   | ased alive on April                                      |                                  |                                 | 76                                      |                           |               |                 |                 |
| 22e. SIGNATURE  |  | , and ma                         | t death occured at.             | /VI, IFC                                | om ine causes             | and on the    | oare state      | b. DATE         |
| 20  | Vin Pin  | ~                                | Dinie C                         | MED.                                    | STAFF PHYS. (20)          | 13            | 4/3             | 16SIGNED        |
| 27c. PHYSICIAN  | 5  | N                                | A.D. PHYS L                     | 111111111111111111111111111111111111111 |                           |               | 101             |                 |
| SEBAST  | IAN RUSSO, M.D.  |                                  | VA HOSPIT                       | AL. F                                   | ORT HOWAR                 | D. MAR        | YTAND           |                 |
| 23a. BURIAL, CREMA                                    | TION, 236, DATE THEREOF                                  | 23c. NAME OF CEMETERY            |                                 |   | CATION (City, to          | -             |                 | State)          |
| Burial (Specif  | 4-6-62   |                                  |                                 | rv B                                    | altimore                  | 28. Ma        | rvland          |                 |
| 24 FUNERAL DIRECTO                                    |  |                                  |                                 |   | ISTRAR 256. REG           |               |                 |                 |
|   | f - G - 3 3  | 237 Patapsco                     | Ave.                            | APR 6                                   |                           | arthur &      |                 |                 |

Baltimore, Md.

DATE

TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms a retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in die funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. VR A15 (4)

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James L. McCully

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission |
|--|--|
| e. COUNTY  | e. STATE b. COUNTY   |
| Baltimore MARYLAND  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)     |
| write RURAL end give neerest town)   |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   | Baltimore 12  o. IS RESIDENCE  |
| d. IAMIL OF HOSFITAL ON INSTITUTION (II not in nospital, give street educess)  | ON A FARMI   |
| 3. NAME OF HOLLY HILL N First Middle   | 7120 Sheffield Rd. YES NO L  |
| 3. NAME OF First Middle DECEASED   | Lest 4. DATE Month Dey Yeer OF   |
| (Type or print) Sarah Hodges   | Speake DEATH April 2 1962  |
|  | 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.                                |
| # WIDOWED DIVORCED   | 3-8-1870   92 yrs.   Months   Deys   Hours   Min.                                    |
| 100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR  |  |
| done during most of working life, even if retired)   | Maryland   |
| 3. FATHER'S NAME   | Maryland  14. MOTHER'S MAIDEN NAME   |
| 7/ 21 11 1   |  |
| Thomas Oden Hodges 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I   | Mary N. Clagett INFORMANT Address  |
| (Yes, no, or unkown)   (Ifyesgivewerordetesofservice)  | MALOUMEN   |
|  | rs. Emory B. Kaufman Above   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia - hype  |  |
| H 2 0 0 DUE TO   |  |
| Authoritania   | c heatt disease years  |
| geve rise to immediate ceuse   | C near albease   |
| (e), steting the underlying DUE TO Generalized arte  | eriosclerosis years  |
| CO CONTRIBUTION CO |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   | PERFORMED?   |
|  | YES NO   |
| 206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | ). (Enter neture of injury in Pert I or Pert II of item 18.)                         |
| 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA   | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)                      |
| nour e.m.  | tory, street, office bldg., etc.)  |
|  |  |
| 21. I certify that (I) (this product) attended the deceased from saw the deceased alive on   | June1959, 19, toApril2,, 1962., that (I) (wextated above the death occurred at 11    |
| 228. SIGNATURE Stewood of M. D. M  | ATTENDING MED. STAFF SIGNE PHYS. April 3. 196  |
| 22c. PHYSICIAN'S   | 22d. ADDRESS   |
| NAME (Type) S.J. Venable, Jr. M.D.   | 7215 York Road, Baltimore 12, Md   |
| 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  |  |
| REMOVAL (Specify)  |  |
| Burial 4-5-62 Old Durham Cl  | hurch Trionsides Md.   |
| H.W.Jenkins & Sons Co.4905 York Rd. balto.   |  |
|  | el2. Md. DATE 2 3 62 Carriena & Harres   |

death. Page 4 man be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

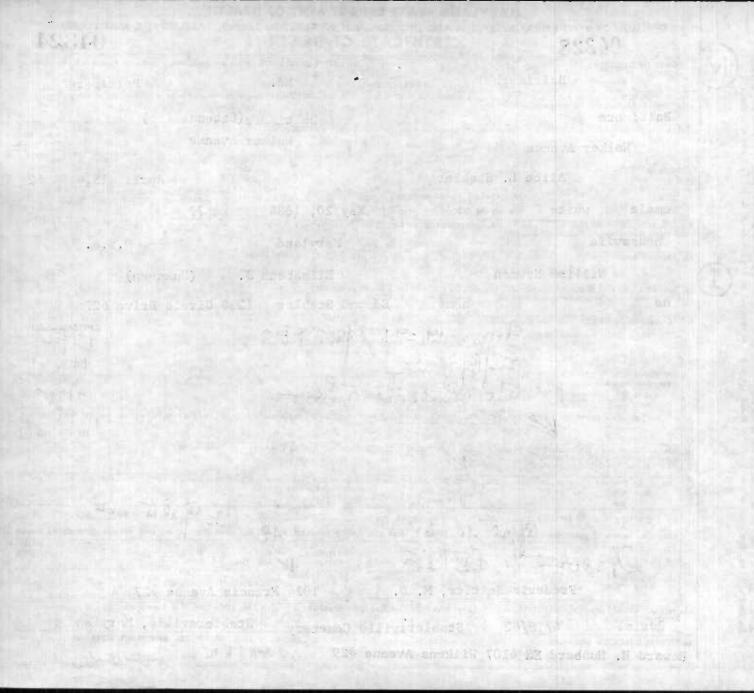
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14328

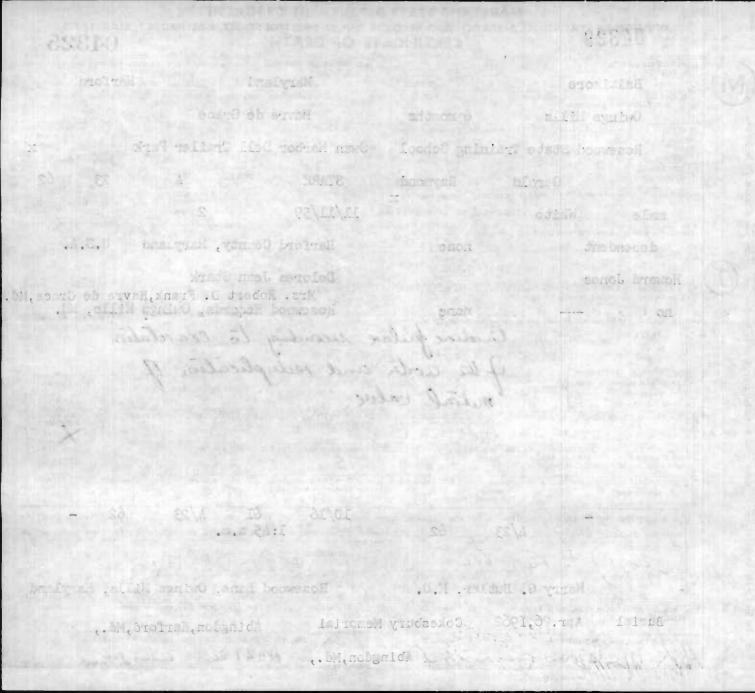
CERTIFICATE OF DEATH

04324

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence                   | e before edmission)          |
|--|---|------------------------------|
| a. COUNTY Baltimore  | a. STATE Md. Baltim   |                              |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  | BUILTING  |                              |
| write RURAL and give nearest town) Baltimore 28  |   |                              |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | Baltimore(Catonsville)  | . IS RESIDENCE               |
| Walker Avenue  | Walker Avenue   | YES NO                       |
| 3. NAME OF First Middle  | Last 4. DATE Month Day  | Yaar                         |
| (Type or print) Alice L. Stabler   | DEATH April 15  |                              |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days          | Hours Min.                   |
| female white widowed XX DIVORCED   | May 20, 1884 77 yrs. Months Days  | Hours Min.                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUS 10b. KIND OF BUSINESS OR INDUS 10b. KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O  Maryland U.S.A | F WHAT COUNTRY               |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |                              |
| William Newman   | Elizabeth J. (Unknown)  |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT Address   |                              |
| (Yas, no or unkown) (Hyesgivewarordatasofservice) none Ed  | mund Stabler 1230 Circle Drive #2   |                              |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |   | ERVAL BETWEEN SET AND DEATH  |
| PART I. DEATH WAS CAUSED BY:   | el palmoneles   | Types                        |
| Q DUE TO C 10  |   |                              |
| Weben 7 sales  |   | evertt                       |
| gave rise to immediate cause   |   |                              |
| (a), stating the underlying DUE TO CLF. Villular to  | and decre   | ++ 400                       |
|  | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1                    | 9. WAS AUTOPSY<br>PERFORMED? |
| CATIC  |   | ES NO                        |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                    | EED. (Enter nature of injury in Part I or Part II of item 18.)                        |                              |
| 0 200  | PLACE OF INJURY (Home, farm, 20f. (City or town) (County)                             | (State)                      |
| Hour a.m.  P.m.  19 at work at work  |   |                              |
| 21. I certify that (I) (this hospital) attended the deceased from  | 19 130 4 12 15 1964   | hat (I) (we) las             |
|  | at death occured at A.PM, from the causes and on the da                               |                              |
| A't /  | at death occured aream, from the causes and on the de                                 | 22b. DATE                    |
| 228. SIGNATURE De Per  | M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  | SIGNE                        |
| 22c. PHYSICIAN'S   | 22d. ADDRESS  |                              |
| NAME (Type) Frederic Beitler, M. D.  | 1014 Francis Avenue #27   |                              |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER   | Y OR CREMATORY 23d. LOCATION (City, town or county)                                   | (State)                      |
| REMOVAL (Specify) Burial 4/18/62 Stablersvil   |   |                              |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA  | TURE                         |
| Howard H. Hubbard XX 4107 Wilkens Avenu  | 1e #29 DATE # 18 62   Chilling & the  |                              |
|  | 4.76  | 1666 <u>1</u>                |



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Harford Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva naarest town) Owings Mills Havre de Grace 6 months hours after filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straat addrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Swan Harbor Dell Trailer Park Rosewood State Training School completely 3. NAME OF DECEASED (Typa or print) STARK DEATH 19 62 Raymond Gerald 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. TO last birthday) Months DIVORCED WIDOWED [ physician 10a. USUAL OCCUPATION (Giva kind of work 10b KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad Harford County, Maryland U.S.A. dependent none 13. FATHER'S NAME please 14 MOTHER'S MAIDEN NAME Delores Jean Stark Howard Jones affendi Then Mrs. Robert D. Frank, Havre de Grace, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN oval, (Yas, no, or unkown) | (If yes give wer or datas of service Rosewood Records, Owings Mills, Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEREORMED? 5 8 NO use 20b. DESCRIBE HOW/INJURY OCCURED. (Enter natura of injury In Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING jo OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ) 20c. TIME OF INJURY 20f. (City or town) (County) (Stata) Month, Dey, Year factory, street, offica bldg., atc.) Not While Hour a.m. at work at work DIRECTOR: 1961, 10 4/23 1962, that (\*) (we) last 21. I certify that # (this hospital) attended the deceased from 10/16 22a. SIGNATURE PHYS. Harri death. Page 4 if CO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Harry G. Butler, M.D. Rosewood Lane, Owings Mills, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Cokesbury Memorial Abingdon Harford Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Abingdon, Md., DATE APR 27'62 15M 9/60 arthur & Klass



VR AIS (4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04326

|               | PLACE OF DEATH         |  |              |                             |                                  | CE (Where deceased lived       |   | nce before admission) |
|---------------|------------------------|--|--------------|-----------------------------|----------------------------------|--------------------------------|---|-----------------------|
|               | a. COUNIT              | Baltimore.                                     |              | MARYLAND                    | a. STATE                         |                                | DUNTY ROD+:                             | mak a                 |
|               | b. CITY OR TOWN (if    | outside corporate limits<br>give neerest town) | ì.,          | c. LENGTH OF STAY IN 16     |                                  | If outside corporate limits,   | write RURAL and give                    | neerest town)         |
|               |                        | imore  |              | 3 months                    | X Balti                          | mata                           |   |                       |
|               |                        |  | not in hos   | pital, give street eddress) | d. STREET ADDRESS                |                                | A                                       | . IS RESIDENCE        |
|               |                        | 44 00-1-                                       | 4            |                             | 44 00                            |                                |   | ON A FARM?            |
| 3             | NAME OF                | 11 Slade                                       | Aven         | Middle                      | II SK                            | ade Avenue                     | onth Day                                | 1                     |
| 3.            | DECEASED               | LILEI  |              | Middle                      | Lasi                             | OF                             | onin Day                                | 1 601                 |
|               | (Type or print)        | BESSIE   |              |                             | STEINBACH                        | DEATH ANT                      | il 29                                   | 19 62                 |
| 5.            | SEX                    | 6. COLOR OR RACE                               | 7. MARRIEI   | NEVER MARRIED               | 8. DATE OF BIRTH                 | 9. AGE (In ye last birthda     | ars IF UNDER 1 YEAR                     |                       |
|               | Female.                | White  | WIDOWE       |                             |                                  | LA yr                          | Monnia cala                             | Hours Min.            |
| 10            | . USUAL OCCUPATION     | ON (Give kind of work                          | 10b. KI      | ND OF BUSINESS OR INDUS     | TRY   11. BIRTHPLACE (Cour       | 04                             |   | OF WHAT COUNTRY?      |
| do            | 4.1                    | king life, even if retired                     | 1)           | THE PARTY OF STREET         |                                  |                                |   |                       |
| 7             |                        | ewife  |              | At Home                     |                                  | ton, D.C.                      | us                                      | Α                     |
| 13            | FATHER'S NAME          |  |              |                             | 14. MOTHER'S MAIDEN              | NAME                           |   |                       |
| 1             |                        | Harris I                                       |              |                             | u.                               | nknown                         |   |                       |
|               |                        | R IN U.S. ARMED FORCE                          |              | SOCIAL SECURITY NO. 17.     | INFORMANT                        | Add                            | iress                                   |                       |
| 111           | es, no, or unkown) (if | yes give wer or detes or se                    | rvice)       |                             | Samuel Stein                     | bach 1                         | 1 Slade Av                              | ONUO                  |
|               | 18. CAUSE OF D         | EATH Enter only one                            | cause per li | ne for (e), (b), end (c)    | summer steen                     |                                |   | NTERVAL BETWEEN       |
|               |                        | WAS CAUSED BY:                                 | de           |                             | phois to                         | -                              |   | NSET AND DEATH        |
|               | 9 0                    | MMEDIATE CAUSE (.)_                            | 146          | uce orpm                    | prior of                         | ruxaemu                        |   | 1000                  |
|               | 201                    | DUE TO   |              |                             |                                  |                                |   |                       |
|               | Conditions, if eny     |  |              |                             |                                  |                                |   |                       |
|               | geve rise to immedia   | DUE TO   |              |                             |                                  |                                |   |                       |
|               | (a), stating the un    | iderlying                                      |              |                             |                                  |                                |   |                       |
| 7             |                        | SIGNIFICANT CONDITI                            | IONS CON     | TRIBUTING TO DEATH BUT N    | OT RELATED TO THE TERMI          | NAL DISEASE CONDITION          | GIVEN IN PART 1(a)                      | 19. WAS AUTOPSY       |
| 2             |                        | ordinite and contain                           |              |                             |                                  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | PERFORMED?            |
| 3             |                        |  |              |                             |                                  |                                |   | YES NO Y              |
| CERTIFICATION | OR CONTRIBUTING        | CAUSE OF DEATH MEDICAL EXAMINER)               | 20b. DES     | CRIBE HOW INJURY OCCUR      | D. (Enter neture of injury in    | Pert I or Pert II of item 18.) |   |                       |
| ₹             | 20c. TIME OF INJUI     | RY Month, Dey, Yeer                            | r   20d.     | NJURY OCCURRED   20e. Pi    | ACE OF INJURY (Home, far         | m, ' 20f. (City or town)       | (County)                                | (Slete)               |
| WEDICAL       | Hour e.m.              |  | While        | 1401 1111110                | clary, street, office bldg., etc | :.)                            |   |                       |
| 3             | p.m.                   | 19   | 1            | et work                     | 6                                | 1 .                            |   |                       |
|               | 21. I certify th       | nat (I) (this hospita                          | al) attend   | ded the deceased from       | -march                           | 1962, 104 Joul                 | 29, 1962,                               | that (I) (we) last    |
|               | saw the decease        | ed alive on pa                                 | 2            | 8 196 % and the             | at death occured 212.            | M, from the caus               | es and on the                           | date stated above     |
|               | 22e. SIGNATURE         | > /  | /            |                             |                                  |                                |   | 22b. DATE             |
| 7             | -lac                   | us Ko  | an           | se_                         |                                  | MED. STAFF                     |   | SIGNED                |
|               | 22c. PHYSICIAN'S       |  | . /          |                             | 22d. ADDRESS                     |                                |   |                       |
|               | NAME (Type)            | Louis F.                                       | stak         | use                         | 11 5.                            | Chase -                        | 87-                                     |                       |
| 23            | BURIAL, CREMATIC       | ON. 23b. DATE THERE                            | EOF          | 23c. NAME OF CEMETER        | OR GREMATORY                     | 23d. LOCATION (City            | , town or county)                       | (Stete)               |
|               | REMOVAL (Specify)      | May 1, 19                                      | 262          | Rugi Tango                  | l Congregatio                    | n Raltimon                     | e. Marylan                              | d                     |
| 24            | FUNERAL DIRECTOR       | 'S SIGNATURE                                   | 202          | ADDRESS                     | 25a RF                           | C'D BY REGISTRAR 25b.          |   |                       |
|               |                        |  | Tura         | 710011100                   |                                  |                                |   |                       |
| 1             | or Levinso             | n a bros.                                      | inc.         | 3010 Reisters               | LUWIN KU. DATE                   | AY 1 '62                       | arthur & the                            | aud.                  |

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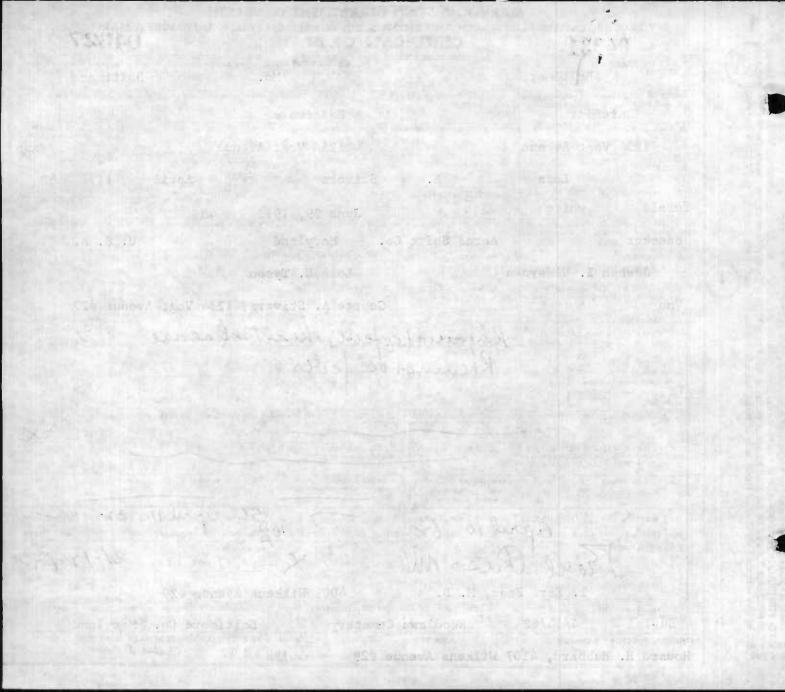
Sel terraren a Blos. Inc. 4010 Recetous com Md. von un com a com a

| TO HOSPITAL OF TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24) hours after  |
|--|
| death. Page 4 mar e retained by the hospital or attending physician.  > IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral of incompletely filled in the funeral of the funeral of the firector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Should be detached for use as the burial-transit permit. Then please remove carbon papers. |
| So filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 mous and deant.   |

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04331 CERTIFICATE OF DEATH 04327

| 1. PLACE OF DEAT              | H   |                            |                 | 2. USUAL RI         | SIDENCE (Wh         | ere decaased lived, I             | Institution: Resid      | dence bafore edmission) |
|-------------------------------|---|----------------------------|-----------------|---------------------|---------------------|-----------------------------------|-------------------------|-------------------------|
| a. COUNTY                     | Baltimore   | M                          | ARYLAND         | a. STATE            | Md.                 | b. COU                            | NTY Balti               | imore                   |
| write RURAL en                | (if oulside corporata limits, d give neerest town)                | c. LENGTH C                | F STAY IN 16    | X Balti             |                     | a corporate limits, wri           | ta RURAL and gi         | ve nearast town)        |
|                               | ttimore<br>ITAL OR INSTITUTION (if n                              | at to be with a live above | A a didagraph   | d. STREET           |                     |                                   |                         | e. IS RESIDENCE         |
|                               |   | or in nospirel, give siree | r eddress)      |                     |                     |                                   |                         | ON A FARM?              |
| 1234                          | Vogt Avenue   |                            |                 | 1234                | Vogt Ave            | enue                              | <u> </u>                | YES NO XX               |
| 3. NAME OF<br>DECEASED        | First   | Mic                        | Idla            | Lest                | 4. DI               | F                                 |                         | ey Yeer                 |
| (Type or print)               | Lola  | В.                         |                 | tivers              | DI                  | Apr Apr                           |                         | 11, 1962                |
| 5. SEX                        | 6. COLOR OR RACE 7.   | MARRIEDXX NEVER M          | ARRIED 8.       | DATE OF BIRTH       |                     | 9. AGE (In year<br>last birthday) |                         |                         |
| female                        |   |                            | ORCED           | June 29             | , 1913              | 48 yrs.                           | Months Dey              | s Hours Min.            |
| 10a. USUAL OCCUPAT            | TION (Give kind of work orking life, even if retired)             | 106. KIND OF BUSINE        | SS OR INDUSTR   |                     |                     | te, or foreign country            | 12. CITIZEN             | OF WHAT COUNTRY?        |
| checker                       | orking me, even il terred)  | Aetna Sh                   | irt Co.         | Mary                | land                |                                   | U. 8                    | S. A.                   |
| 13. FATHER'S NAME             | man Establish   | Harring                    |                 | 14. MOTHER'S        | MAIDEN NAME         |                                   |                         |                         |
| Josep                         | oh I. Widerma   | an                         |                 | Lola H              | E. Tyson            |                                   |                         |                         |
|                               | VER IN U.S. ARMED FORCE   |                            | RITY NO. 17. I  | NFORMANT            |                     | Addra                             | \$\$                    |                         |
| no no unkown)                 | (If yas give war or detes of serv                                 | rice)                      | Ge              | orge A.             | Stivers             | , 1234 Vog                        | t Avenue                | e #27                   |
| 18. CAUSE OF                  | DEATH [Enter only one ca  | use per line for (a), (b), |                 |                     | 1                   | Α                                 |                         | INTERVAL BETWEEN        |
| PART I. DEA                   | TH WAS CAUSED BY:   | Rheum                      | alic to         | eves 1              | reart               | desea                             | se                      | ONSET AND DEATH         |
| 1110                          | DUE TO  | 01                         |                 | 1                   |                     |                                   |                         |                         |
| Conditions, if an             | 1 1   | Khou                       | un Vo           | - leve              | 2                   |                                   |                         |                         |
| gave rise to Immed            | diete ceuse   | 1 74000                    |                 |                     |                     |                                   |                         |                         |
| (a), stating the              | underlying DUE TO   |                            |                 | )                   |                     |                                   |                         |                         |
| cause lest.                   | ) (c)   |                            | DEATH BUT NO    | - 051 - 750 70 7    | UE VERMINIAL DIS    | EASE CONDITION C                  | INChI INI DART 1/-      | 1) 19. WAS AUTOPSY      |
| PART II. OTHE                 | ER SIGNIFICANT CONDITION  | ONS CONTRIBUTING TO        | DEATH BUT NO    | T KELATED TO TO     | TE TERMINAL DIS     | EASE CONDITION G                  | I A ELA III L'AKT I I C | PERFORMED?              |
| OR CONTRIBUTING               | YAS UNDERLYING [] Z<br>G [] CAUSE OF DEATH<br>Y MEDICAL EXAMINER) | POL. DESCRIBE HOW IN       | JURY OCCURED    | . (Enter neture of  | injury in Part I or | Pert II of item 18.)              |                         |                         |
|                               |   | 20d. INJURY OCCU           | RRED   20e, PLA | CE OF INJURY (H     | lome, farm, ; 20f   | . (City or town)                  | (County                 | ) (Stete)               |
| 20c. TIME OF INJ<br>Hour a.m. |   | Whila Not While            | fact            | ory, street, office |                     |                                   |                         |                         |
| ₹ p.m.                        | 19  | et work at work            |                 |                     | ,-                  | / / / /                           | 11 /5                   |                         |
|                               | that (I) (this hospital   |                            |                 |                     |                     |                                   |                         | that (1) (we) las       |
| saw the decea                 | ased alive on. C.R.   | rul 10 196                 | , and that      | death occur         | ed at I.O. M,       | from the causes                   | and on the              | date stated above       |
| 22e. SIGNATURE                |   | 1                          | Λ               |                     | 77                  | STAFF                             |                         | 22b. DATE               |
|                               | 150101  | Palan                      | 1/11 M          | ATTENDING           | MED.                | R PHYS.                           | 4                       | 1-17-62                 |
| 22c. PHYSICIAN'S              | 1 care  | ) www.                     | not             | 22d. ADD            | RESS                |                                   |                         |                         |
| NAME (Type                    | •) I. Earl I  | Pass, M. D.                |                 | 4001                | Wilkens             | Avenue #2                         | 9                       |                         |
| 23a. BURIAL, CREMA            | TION, 236. DATE THERE   |                            | OF CEMETERY     |                     |                     | LOCATION (City,                   |                         | (Stele)                 |
| REMOVAL (Specify<br>Burial    | 4/14/62   |                            | lawn Cem        | etery               | В                   | altimore C                        | Co., Mar                | yland                   |
| 24 FUNERAL DIRECTO            | OR'S SIGNATURE  | ADDRE                      | SS              |                     | 25a. REC'D BY       | REGISTRAR 256. F                  | EGISTRAR'S SIG          | NATURE                  |
|                               | Hubbard, 41   | 07 Wilkens                 | Avenue #        | 29                  | DATE APR 1          | 3 '62                             | brilan S. A             | naua                    |
|                               | ,   |                            | - "             |                     |                     | *                                 |                         |                         |



## 上1

TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 4 in the best by the hospital or attending physician.

Yes to Funeral Directors. After this certificate has been signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral signed by the funera

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O 4 3 3 2

CERTIFICATE OF DEATH

| Item 4FilmG310 4/9/62  | 2 iwk U4.328   |
|--|--|
| 1. PLACE OF DEATH  o. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)  |
| Baltimore  | AND Maryland Baltimore   |
| b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)   |  |
| Towson, 4  | Towson, 4 Md.  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress  | d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  |
| 8302 Loch Raven Blvd. 4  | 8302 LochRaven Blvd 4 YES NO X   |
|  | Streett  4. DATE Month OF DEATH April 2 19 6 2   |
| Male  6. COLOR OR RACE White Widowed Divorced  | Most 1): 1888 Min.   |
| done during most of working life, even if ratired)   | INDUSTRY   11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY   |
| Superintendent Building Co   | on. Maryland USA   |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| Abram T. Streett   | Irene Burton   |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO (Yes, no, or unkown)   (Ifyesgivewerordatesofservice)   |  |
| No   | Irene D. Streett-8302 Loch Raven Blvd  |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOTAL CONTRIBUTING TOTAL CONTRIBUTING TOTAL CONTRIBUTING TOTAL CONTRIBUTING CONT | leratic Heart Disease 16 yrs  Urroru Bosia First attack 16 yrs  But not related to the terminal disease condition given in part 1(0) 19. Was Autopsy PERFORMED?  YES \( \) NO \( \)  |
|  | OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)   |
| 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2 Hour e.m. While Not While et work et work  | 2De. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (City or town) (County) (Stete)   |
| 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on   | of from  |
| 22e. SIGNATURE   | M.D. ATTENDING MED. STAFF SIGNER SIGNER ATTENDING DIRECTOR PHYS.   |
| 22c. PHYSICIAN'S NAME (Type) PHSIVET   | 3105 9. Charles St. 18.  |
| BEMOVA! (Specify)  | Ridge    A continue of the country o |
| 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Wm Cook-Towson. Inc. Towson. Mar   | vland DATE APR 4 '62 Chilling I. Thanks  |

Buomitical d . moewen 8302 Loop Raven Blvd. 14 I. Armdur Streett Mile 11,1888 superintendent building Con. Paryland jjesija . O megdil Coronary Thrombodia arterio delevatio Heart Finance 16 420 Covernany Chroningoco Fort attack 16 400

relations, enough feet.

Irene D. Striett-8922 Loch Reven Blvd.

Totale Burton

8302 Lochkaven Blvd h

m Jook-lowson, inc. lowson, waryland

Burls 1 4/4/62 Druid Bidge

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

|                            | 04                                       | 333                                   |                               | CERTII                               | FICAT             | E OF DE                                   | ATH                      |                        |   | Reg. Di    | ist. No   | 43                     | 29                  |
|----------------------------|--|---------------------------------------|-------------------------------|--------------------------------------|-------------------|---|--------------------------|------------------------|---|------------|-----------|------------------------|---------------------|
| 1. PLACE OF D<br>o. COUNTY | EATH<br>Baltim                           | ohe                                   |                               | MARYL                                |                   | . USUAL RESIDEN o. STATE                  | ice (When                |                        | l lived. If institut<br>b. COUNTY             |            | ce before |                        | ion)                |
| b. CITY OR T               | TOWN (If outsi                           | de corporate limi<br>town)            | ts, write                     | c. LENGTH OF STAY I                  | IN 16             | V   |                          |                        | role limits, write f                          | RURAL and  | give nea  | rest low               | )                   |
| d. NAME OF                 | TUTION                                   | not in hospital, g                    | jive street o                 | oddress)                             |                   | d. STREET ADD                             | evens<br>RESS<br>Ustra   |                        |   |            |           |                        | IDENCE<br>FARM?     |
| 3. NAME OF<br>DECEASED     |  | ISTRA" Fir                            |                               | Middle                               |                   | Lost                                      |                          | 4. DATE<br>OF<br>DEATH | Moi   | 1.0        | Do        | у                      | Yeor                |
| (Type or prin              |  |                                       | NAM                           |                                      |                   | STUMP                                     |                          | DEATH                  | Apr   |            | Z         | V                      | 19 62<br>ER 24 HRS. |
| 5. SEX                     | 6. C                                     | OLOR OR RACE                          | VIDOWE                        | D DIVORCED                           |                   | DATE OF BIRTH                             | 62                       |                        | 9. AGE (In years<br>lost birthdoy)<br>99 yrs. | Months     | Doys      | Hours                  | Min.                |
| IOa. USUAL OC              | CUPATION (G                              | ive kind of work                      | done 10b.                     | KIND OF BUSINESS OF                  | RINDUSTRY         | 11. BIRTHPLACE                            | E (State o               | r foreign co           | ountry)                                       | 12. CI     | TIZEN O   | F WHAT                 | COUNTRY             |
| avring mos                 | Farming in                               | le, even if retired                   | -                             | armina                               |                   | Marul                                     | land                     |                        |   |            |           | USA                    |                     |
| 13. FATHER'S N             |  |                                       |                               | MINITE                               | 1                 | 14. MOTHER'S MA                           |                          | ME                     |   |            |           |                        |                     |
| 0                          | . A                                      | Durchaus                              | 0+                            |                                      |                   | Man                                       | 00401                    | t wil                  | Lan   |            |           |                        |                     |
|                            |  | Rueben:                               |                               | SOCIAL SECURITY NO.                  | 17. INFO          |   | gare                     | LWAL                   |   | iress      |           |                        |                     |
| (Yes, no. or unknow        |  | give war or dates of s                |                               | SOCIAL SECURIT NO.                   | 17. 114           |   |                          | ,                      |   |            | ud        |                        |                     |
| Ves                        | Sy                                       | an-Amer                               | ican                          |                                      | 10                | W. Midde                                  | enao?                    | 16                     | KU  | xton       | , Md      | •                      |                     |
| 18. CAUSE                  | OF DEATH                                 | Enter only one co                     | ouse per lin                  | ne for (o), (b), ond (c).]           |                   | 0 0                                       | -A.                      | 0                      | 1   |            | INTE      | ET AND                 | TWEEN               |
| PAI                        | RT I. DEATH W                            | AS CAUSED BY:<br>EDIATE CAUSE (c      | 1 4                           | gavans                               | 12                | Let                                       | T                        | XE                     | TV -  |            | 12        | - M                    | nel                 |
| 11                         | 3.0.1                                    | DUE TO                                |                               | 0 -1 .                               |                   | ^ 1                                       |                          | 0,                     |   |            |           |                        |                     |
| Condi                      | ons, if any, w                           |                                       | De                            | e land                               | a                 | etitis                                    |                          | sel                    | ein   | 0          | 7         | 0 %                    | cae                 |
|                            | se to immed                              | linte (                               |                               |                                      |                   |   |                          | 10                     |   | 4 -        |           |                        |                     |
|                            | , stoling the <u>ur</u>                  |                                       | Cen                           | aus - si                             | لمعثل             | he Ca                                     | edi                      | z la                   | scular  | dise       | 41        | 10                     | per                 |
| NO PAI                     | rt II. OTHER SI                          | GNIFICANT CON                         | IDITIONS C                    | CONTRIBUTING TO DEA                  | TH BUT NO         | OT RELATED TO TH                          | IE TERMIN                | IAL DISEAS             | E CONDITION GI                                | VEN IN PAI | RT 1(o) 1 | 9. WAS<br>PERFO<br>YES | AUTOPSY<br>DRMED?   |
|                            | DENT WAS UN<br>RIBUTING C<br>NOTIFY MEDI | DERLYING  AUSE OF DEATH CAL EXAMINER) | 20b. DES                      | CRIBE HOW INJURY OF                  | CCURRED. (        | Enter noture of in                        | njury in Po              | ort I or Par           | 1 II of item 18.)                             |            |           |                        |                     |
|                            | OF INJURY M<br>o. m.<br>p. m.            | onth, Day, Ye                         | ar 20d. It<br>While<br>at wor | NJURY OCCURRED  Not while  t of work | 20e. PLACE factor | OF INJURY (Hon<br>y, street, office bloom | me, form,<br>idg., etc.) | 20f. (City             | or town)                                      |            | (County)  | a):                    | (Stote)             |
| 21 1 50                    | rtify that I                             | attended the                          | deceas                        | ed from Yel                          | 16                | 1946                                      | ta (19                   | mel                    | 26 19/  | 2that I    | last so   | w the                  | deceased            |
|                            | (3)                                      | 275                                   | 10                            | 1-                                   | م طفیداد          | . 2                                       | 7                        | Ad from                |   |            |           |                        |                     |
| alive an                   |  | 7                                     |                               | o in a mar                           | aeam a            | ccurred at                                | 4.1                      |                        | n the causes<br>treet, city or town           |            | ine aa    |                        | ATE SIGNE           |
| ACTUAL SIGNATUR            | Jalm                                     | en VE                                 | 2 h                           | tilleens                             | M.[               |   | novi                     | ngo                    | mills   | , sidie,   | ~~~~      | apr                    | 266                 |
| PHYSICIAN<br>NAME (Ty      | N'S PAL                                  | MER                                   | EC                            | Willia                               | Me                | ٠   |                          | /                      |   |            | nd        |                        |                     |
| 220. BURIAL, C             |  | 26. DATE THERE                        | OF                            | 22c. NAME OF CEME                    | ETERY OR C        | REMATORY                                  |                          |                        | TION (City, town,                             |            |           | (Sto                   |                     |
| BURIAL                     | (Specify)                                | 4-28-62                               |                               | St. Tho                              | mas!              |   |                          | Gar                    | rison Fo                                      | rest       |           | Md                     |                     |
| 23. FUNERAL D              | IRECTOR'S SIG                            |                                       |                               | ADDRESS                              |                   | 24  | 4o. RECID                | BY REGIST              | RAR 24b. REG                                  | ISTRAR'S S | IGNATU    | RE                     | 11 500              |
| H W To                     | shine c                                  | Sans Co                               | 1901                          | S Varb Rd.                           | Ralto             | Md. D                                     | ATE                      | u 3 n                  | 4   | my -       | 4 Thu     | HA                     |                     |

erol director. be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

death. Page 4

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| TE OF DEATH.   | CERTIFICA                                  |  |
|--|--|--|
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| TAN-A TOP  |  | 20 8644<br>80,1430<br>100,1430   |
| THE DAY OF THE PARTY OF  |  |  |
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| The state of the s | t de soleman                               |  |
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|  |  | FLS SCHOOL   |
| ALT IN VARIABLE DE MO  | Embro T III<br>Indiana<br>LIFE LIFE 645V 2 | Higher Dominical III   |

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TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 7. We be retained by the hospital or attending physician.

S > IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|                        | MARYLAND STATE DEPARTMENT OF HEALTH                                      |                     |
|------------------------|--|---------------------|
| DIVISION OF STATISTICA | AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA  CERTIFICATE OF DEATH | LTIMORE 1, MARYLAND |
| 94994                  | CERTIFICATE OF DEATH   | 04330               |
|                        |  |                     |

| 1.            | PLACE OF DEATH                                 |  |                             |                                | CE (Where deceased lived,                |                  | idence before a | dmission) |
|---------------|--|--|-----------------------------|--------------------------------|--|------------------|-----------------|-----------|
|               |  | timore   | MARYLAND                    | a. STATE Mary                  | land L.co                                |                  | timare          |           |
| 1             | b. CITY OR TOWN (if write RURAL and Rural - Ba | foutside corporate limits, give nearest town) .ltimore 7             | c. LENGTH OF STAY IN 16     | 1                              | outside corporate limits, was altimore 7 | rite RURAL and g | ive nearest tow | vn)       |
|               | d. NAME OF HOSPIT                              | AL OR INSTITUTION (if not in hosp                                    | pital, give street eddress) | d. STREET ADDRESS              |  |                  | e. IS R         | ESIDENCE  |
|               | 6924 Dogw                                      |  |                             | 6924 Dog                       | gwood Road                               |                  |                 | NO X      |
| 3.            | NAME OF<br>DECEASED                            | First  | Middle                      | Last                           | 4. DATE Mo                               | nth (            | Dey Yee         | r         |
|               | (Type or print)                                | Mr. Harry  | E.                          | Subock                         | DEATH Apr                                | 11 1             | 9 19            | 62        |
| S.            | SEX  | 6. COLOR OR RACE 7. MARRIES  |                             | . DATE OF BIRTH                | 9. AGE (In yes                           | IF UNDER 1 YE    | V               | 4 00      |
|               | Male   | White WIDOWE   |                             | August 25,                     | L899 62 yrs.                             | Months De        | ys Hours        | Min.      |
| 10            | a. USUAL OCCUPATI                              | ON (Give kind of work rking life, even if retired)                   | IND OF BUSINESS OR INDUSTR  | Y   11. BIRTHPLACE (Cour       | ity & State, or foreign count            | ry) 12. CITIZE   | N OF WHAT       | COUNTRY   |
| 1             | Superinten                                     |  | to.Co.Bureau of             | Baltimore                      | e. Maryland                              | II               | .S.A.           |           |
| 13            | . FATHER'S NAME                                | 10011  | Utilities                   | 14. MOTHER'S MAIDEN            | - 1                                      |                  |                 |           |
|               | Wales II C                                     | la mala  | 0111010                     |                                |  |                  |                 |           |
|               | John H. Su                                     |  | SOCIAL SECURITY NO 1 47     | Nettie Rec                     | V  | -2-              |                 |           |
|               |  | yes give wer or dates of service)                                    |                             | NFORMANT                       | 6924                                     | Dommond          | Road            |           |
|               | No   | 2  | 218-09-4456 M1              | cs. Bessie R.                  | Subock, Bel                              |                  |                 | land_     |
|               |  | market femal only one cause bell                                     | ine for for, (b), and (c).] |                                |  | -1               | INTERVAL SE     |           |
|               |  | WAS CAUSED BY:   | RTERIO SCLI                 | EROTIC LAK                     | PDIO VASCUL                              | BR DIS.          | 3 415           |           |
|               | 241X   | DUE TO   |                             |                                |  |                  |                 |           |
|               | Conditions, if eny                             | which > Be   | 20 NCH IAL                  | ASTHMA                         |  |                  | 10 un           | S.        |
|               | geve rise to immedia                           | ete cause  | 011-414-                    | 73717711                       |  |                  | 1               |           |
| 10            | (e), stating the un                            | nderlying DUE TO   |                             |                                |  |                  |                 |           |
|               | cause last.                                    | ) (c)  |                             |                                |  |                  |                 |           |
| ON            | PART II. OTHER                                 | SIGNIFICANT CONDITIONS CON   | TRIBUTING TO DEATH BUT NO   | OT RELATED TO THE TERMI        | NAL DISEASE CONDITION (                  | GIVEN IN PART 1  |                 | RMED?     |
| CAT           |  |  |                             |                                |  |                  | YES             | NO 🗌      |
| CERTIFICATION |  | AS UNDERLYING   2Db. DESC<br>  CAUSE OF DEATH<br>  MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURED    | . (Enter neture of injury in   | Pert I or Part II of item 18.)           |                  |                 |           |
| MEDICAL       | 20c. TIME OF INJU                              |  |                             | CE OF INJURY (Home, farm       |  | (County          | ')              | (Stete)   |
| AEDI          | Hour e.m.                                      | While<br>19 et work  | 1401 111110                 | ory, street, office bldg., etc | '  |                  |                 |           |
| 1             | p.m.   | 17   | hed hed                     | DOX                            | 1046 1 100,                              | 20/0.            | 2 15-2 (IV)     | ()        |
|               |  | nat (I) (this hospital) attend                                       | ded the deceased from.      | U.C.I.                         | 1949, 10 ARI                             | , 1901           | , inar (I) (    | we) last  |
|               | saw the deceas                                 | ed alive on  | 196 V, and that             | death occured att.             | M, from the cause                        | s and on the     |                 |           |
|               | 22a SIGNATURE                                  | 11/2.  |                             | ATTENDING                      | MED STAFF                                | APPL A           | 221             | SIGNED    |
|               | Mom  | un K. Kler   | nan M                       |                                | DIRECTOR PHYS.                           |                  | 4/2             | 0/62      |
|               | 22c. PHYSICIAN'S<br>NAME (Type)                | D. 37 7  | 77 - 1                      | 22d. ADDRESS                   | A  | D =              |                 | 100       |
|               | THAME (Type)                                   | Dr. Norman R. F  | Aleiman                     | 3803 Edn                       | nondson Ave.,                            | Baltimo          | re 29,          | Md.       |
| 23            | BURIAL, CREMATE                                | ON, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY       | OR CREMATORY                   | 23d. LOCATION (City,                     | town or county)  | (5              | tete)     |
|               | REMOVAL (Specify)                              | Ann 27 1000  | T 1 M-                      | nemical Desir                  | Baltimore                                | County           | Mamrler         | ha        |
| 24            | FUNERAL BIRECTOR                               | Apr. 23,1962   | Lake View Mer               | norial Park                    | C'D BY REGISTRAR 25b.                    |                  |                 | .14       |
| 24            | , OHEKS CIOK                                   | 1/2  | 8728 Liberty                | Rd.                            |  | wilmy 8. 1       | /               |           |
| 1             | coring   | Lygen  | Randallstwon,               | Md. DATE                       | 11 2 02                                  |                  |                 |           |
|               | 1  | //   |                             |                                |  |                  |                 |           |

Corporation - Company The state of the s THE TEXT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. THE COUNTY OF STREET STREET, STREET STREET, ST Example of the contract of the THE RESERVE THE RESERVE THE PROPERTY OF THE PARTY OF THE Market Burner Committee Co Bert Freibig = cool free Louise & District Bridge & Land Bridge & Control of MENTER HAVE BUT HAS ENTROPE AT HERE, HERE THE RESERVE 

# Ideath. Page 4 be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

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04335

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04331

| 1. PLACE OF DEATH O. COUNTY BALTIMORE  | MARYLAND                     | 2. USUAL RESIDENCE (WO. STATE                                |                           | f institution: Residence<br>COUNTY BALT | before admission)  IMORE                |
|--|------------------------------|--|---------------------------|---|---|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | c. LENGTH OF STAY IN 16      |  | outside corporate limits  | , write RURAL and giv                   | re nearest town)                        |
| d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION TOUSON CONVALESC   | et oddress)  ENT HOME        | d. STREET ADDRESS  | TIMORE                    | AVENUE                                  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF First   | Middle                       | Last   | 4. DATE                   | Month                                   | Day Yeor                                |
| (Type or print) GERTRUDE   | F. G.                        | SUCRO  | OF DEATH A                | PR14 4                                  | 1962                                    |
|  | ARRIED NEVER MARRIED         | 8. DATE OF BIRTH   | 9. AGE (lost bi           | -41-1-1                                 | YEAR IF UNDER 24 HRS.                   |
| FEMALE WHITE WIDD  | WED DIVORCED                 | APRIL 22,  | 1881 80                   | yrs. Months D                           | Days Hours Min.                         |
| 100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)   | b. KIND OF BUSINESS OR INDI  | JSTRY 11. BIRTHPLACE (Stote                                  | or fareign country)       |   | EN OF WHAT COUNTRY?                     |
| HOUSEWIFE  | OWN HOME                     | NORTH (  | AROLINA                   | U                                       | SA                                      |
| 13. FATHER'S NAME  |                              | 14. MOTHER'S MAIDEN  | NAME                      |   |   |
| MARRY GREENLEAF  |                              | GERTRUD  | E POOLE                   |   |   |
| (Yes, no. or unknown) (If yes, give war or dates of service)   | 6. SOCIAL SECURITY NO. 17. I | INFORMANT  | _                         | Address                                 | 1.                                      |
| NO NONE  |                              | FAMILY   | KECORDS                   |   |   |
| 18. CAUSE OF DEATH [Enter only one couse per   |                              | 11   | 244.05                    |   | INTERVAL BETWEEN<br>ONSET AND DEATH     |
| PART I. DEATH WAS CAUSED BY:   | YGESTIVE I                   | HOTHICI IN   | 41LURE                    |   | 3 MONTHS                                |
| DUE TO   |                              | ATERIANNIER  | CORN                      | n sincerian                             |   |
| Conditions, if ony, which gove rise to immediate   | PERTANSUE A                  | icital oscilore  | THE CARD                  | DUEZA                                   | <u> </u>                                |
| couse (o), stoting the under-  |                              |  |                           |   |   |
| lying cause lost. (c)  |                              |  |                           |   |   |
| PART II. OTHER SIGNIFICANT CONDITION   | 221 110                      |  |                           | TION GIVEN IN PART 1                    | 1(o) 19. WAS AUTOPSY<br>PERFORMED?      |
| SEVERAL CEREBA   | 1-7 1010/01                  | 30 20  | NCE GET                   | 1960                                    | YES NO                                  |
| GR CONTRIBUTING CAUSE OF DEATH   | ESCRIBE HOW INJURY OCCURR    | ED. (Enter noture of injury in                               | Port I or Port II of iter | n 1B.)                                  |   |
| Hour o.m. Whi  | 4.                           | LACE OF INJURY (Home, far<br>octory, street, office bldg., e |                           | (Co                                     | ounty) (State)                          |
| Control of the contro |                              | 2/10   | 56. 41                    | 10/10                                   | 24 100 1 21 1                           |
| 21. I certify that (!) (this hospital) atte  | .67                          | 11   | 10 .10 /                  |   | that (I) (wee) last                     |
| saw the deceased alive ap 4  | ond that                     | death accurred a   | 2.M, from the cal         | ises and an the                         | 22b, DATE                               |
| T- (- twee   | rste                         | M.D. PHYS.   | MED. STAFF                | П                                       | LI SIGNED                               |
| 22c. PHYSICIAN'S NAME (Type) . C. SIWINS   | ski                          | 22d ADDRESS  | PENNA!                    | 4 -                                     | on4 Md                                  |
|  |                              | OR COSTALIZORY   | In Location (C)           |   |   |
| 23g. BURIAL, CREMATION, 23b. DATE THEREOF  | 2 DRUID RIDG                 |  | 23d. LOCATION (City       | , town, ar county)                      | (Stote)                                 |
| 24. FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                      | 250 PF   | D BY REGISTRAR 2          | Sb. REGISTRAR'S SIGN                    | NATURE                                  |
| John Burns Sons  | Towson, W                    | DATE A   |                           | Circhen 2. 9                            |   |

|           |                  |              | 28810            |
|-----------|------------------|--------------|------------------|
| 3-14-7    |                  |              | 10 W 11 T        |
|           | W. BULLING TO F. |              | 24 July - 100 45 |
| 4 4 11 25 |                  |              | 187237           |
|           | 1701 22, 1981 80 |              | TENDRE WORLE     |
| 65.7      | AMERICAN CENTRAL | CON HOME     | HOUSEWIEE        |
|           | GERTRIFE POLE    |              | HARRY GRUERVER   |
|           | FANTEY KETOKAS   | + 1. A - 16. |                  |
|           |                  |              |                  |
|           |                  |              |                  |
|           | M. COMBTED PARTY |              |                  |

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

| 043  | 36  | 7                               |   | ATE OF DEA  | TH.                               |  | 0             | 4332  |
|--|---|---------------------------------|---|---|-----------------------------------|--|---------------|---|
| 1. PLACE OF DEATH<br>o. COUNTY<br>Balt   | imore   |                                 | tem 8 Film (  | II a STATE  | (Where deceased                   | lived. If institution b. COUNTY        |               | pefore admission) imore                                     |
| RURAL and give ne  | f outside corporate limi<br>carest tawn)<br>SVILLE    | ts, write                       | LENGTH OF STAY IN 18                                | c. CITY OR TOW                                      | 'N (If outside corpora            | ote limits, write RL                   | JRAL and give | nearest town)   |
| d. NAME OF HOSPIT<br>OR INSTITUTION<br>Slade   | Ave & Re  |                                 | rstown Rd.  | d. STREET ADDR                                      | & Reist                           | erstown                                | Rd.           | e. IS RESIDENCE<br>ON A FARM?<br>YES NO                     |
| 3. NAME OF<br>DECEASED<br>(Type or print)  | RA  | yMON                            | Middle<br>D   | TAMBURO   | 4. DATE<br>OF<br>DEATH            | April                                  |               | Pay Yeor<br>1962  |
| s. sex   | 6. COLOR OR RACE White                                | 7. MARRIE                       | DIVORCED  | Sept.11-  | 0.004                             | 9/AGE (In years lost birthdoy) 97 yrs. | Months Da     | EAR IF UNDER 24 HR  |
| Retired work   | DN (Give kind af wark in<br>ing life, even if retired | dane 10b. Ki                    | nfectionar  | y Italy   | (State or foreign co              | untry)                                 | U.S           | OF WHAT COUNTRY   |
| 13. FATHER'S NAME Stephe   | n Tamburo   |                                 |   | 14. MOTHER'S MAI                                    |                                   | zula                                   |               |   |
| 1S. WAS DECEASED EVE   | R IN U. S. ARMED FOR                                  | CES? 16. SC                     |   | John A.   | Tamburo                           | Addr                                   | ess           |   |
| Conditions, if o gave rise to i cause (o), stoting lying couse lost.                   | the under-  | co.                             | RMINAL  NGESTIVE  TERIOS CA  DITRIBUTING TO DEATH E | LEROTIC   | HEART                             | 70156                                  | ASE           | o) 19. WAS AUTOPS<br>PERFORMED?<br>YES NO                   |
|  | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)        | 20b. DESCR                      | RIBE HOW INJURY OCCUR                               | RRED. (Enter noture of inj                          | ury in Port I or Part             | Il of item 18.)                        |               |   |
| Y 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.  | Y Month, Day, Ye                                      | ar 20d. INJ<br>While<br>of work | Nat while   | PLACE OF INJURY (Hom<br>factory, street, affice bld | e, farm,<br>lg., etc.) 20f. (City | ar town)                               | (Cou          | nty) (Stote   |
| 21. I certify the<br>sow the deces<br>220. SIGNATUR<br>22c. PHYSICIAN'S<br>NAME (Type) |   |                                 | d the deceased from                                 |   |                                   | He causes and STAFF PHYS. □            |               | that (I) (we) la:<br>ate stoted above<br>22b. DATE<br>SIGNE |
| 23a. BURIAL, CREMATIO<br>REMOVAL (Specify)   | N, 23b. DATE THEREO                                   |                                 | 23c. NAME OF CEMETERY HOLY Reed                     |   | 23d. LOCAT                        | ION (City, town, o                     |               | (State)   |
| 24. FUNERAL DIRECTOR   | S SIGNATURE   |                                 | ADDRESS   |   | PR 16                             |  | TRAR'S SIGN   | More, Md.   |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the eral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR

Heath. Page 4

VR A15 (4) 15M 9/59

and the second of the second o P n 2 Figure 1 Stimmer .A Tuesday The state of the s Tall and the second of the sec

04337 TO HOSPITAL O ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in or, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24

VR A15 (4)

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04333

| 1   | . PLACE OF DEATH               |   |  | 2. USUAL RESIDEN   | CE (Where decessed lived, if Institution: Re | esidence before edmission)         |
|-----|--------------------------------|---|--|--|--|------------------------------------|
| VI) | e. COUNTY                      |   | 700000000000000000000000000000000000000  | Maryland   | b. COUNTY                                    |                                    |
| 1/  | Baltimore                      |   | MARYLAND   |  | 1 2 2 BIDAL 4                                | -tue assess towal                  |
| 1   |                                | outside corporate limits,<br>give nearest town)   | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (  | If outside corporate limits, write RURAL end | Give treetest town)                |
|     | Fort Howa                      | rd  | 27 Days  | Baltimore  | 5  | 3V01-4                             |
|     |                                | AL OR INSTITUTION (if not in he                   | ospitel, give street eddress)  | d. STREET ADDRESS  |  | e. IS RESIDENCE<br>ON A FARM?      |
|     |                                | Administration I                                  |  |  | derry Street                                 | YES NO X                           |
| 1   | 3. NAME OF<br>DECEASED         | First   | Middle   | Last   | 4. DATE Month                                | Day Yeer                           |
| 1   | (Type or print)                | JOHN  | V.   | TAUBER   | DEATH April                                  | 3 19 62                            |
| -   | 5. SEX                         | 6. COLOR OR RACE 7. MARR                          | ED NEVER MARRIED 1 8   | . DATE OF BIRTH  | 9. AGE (In years   IF UNDER 1                |                                    |
| 1   | Male                           | White WIDOW                                       |  | February 7,1   | 894 68 yrs.                                  | Days Hours Min.                    |
| ſ   | tone during most of wor        | ON (Give kind of work hing life, even if retired) | KIND OF BUSINESS OR INDUSTR  | Y 11. BIRTHPLACE (Cour   | nty & State, or foreign country)   12. CITIZ | ZEN OF WHAT COUNTRY?               |
| 1   | Machine Op                     |   | urniture Factor  | y Baltimore,   |  | U. S. A.                           |
| 1   | Tohn Mouhan                    |   |  | Masser Dd ab   | 1  |                                    |
| H   | John Tauber                    |   | . SOCIAL SECURITY NO.   17. I  | Mary Bieb  | Address                                      |                                    |
|     |                                | yes give wer or dates of service)                 |  | linical Reco   | rds,   |                                    |
| -   | Yes                            | WW_I  | 213-03-1490   V  | A HOSPITAL,  | FORT HOWARD, MARYLAN                         | ID INTERVAL BETWEEN                |
|     |                                | EATH [Enter only one cause per                    | line for (a), (b), end (c).]   |  |  | ONSET AND DEATH                    |
|     |                                | H WAS CAUSED BY: IMMEDIATE CAUSE (6)  BI          | LATERAL PNEUMON  | TA   |  | 2 DAYS                             |
|     | 490                            | 5 V   |  |  |  | ., .                               |
|     | Conditions, if any             | PY  | ELONEPHRITIS   |  |  | Unknown                            |
|     | geve rise to immedia           | ete cause   |  |  | 7,22   | .05                                |
| 1   | (a), stating the ur            | derlying  | AGMAMIC GADOTNO  | A TATALETCE A A A A A  | TYMET NOTES STATE                            | Inda+ Inlmar                       |
|     | cause last.                    | (-/   |  | and the same of th | 7  | Indet. Unknow                      |
| ı,  | Z PART II. OTHER               | SIGNIFICANT CONDITIONS CO                         | INTRIBUTING TO DEATH BUT NO  | T RELATED TO THE TERMI   | NAL DISEASE CONDITION GIVEN IN PART          | 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
|     | LY.                            |   |  |  |  | YES NO                             |
|     | 20a. ACCIDENT WA               |   | SCRIBE HOW INJURY OCCURED  | . (Enter neture of injury in   | Pert I or Pert II of item 18.)               |                                    |
| - 1 | (IF EITHER, NOTIFY             | CAUSE OF DEATH                                    |  |  |  |                                    |
|     | 20c. TIME OF INJU<br>Hour e.m. |   | 1. 1   | CE OF INJURY (Home, ferr   |  | nty) (State)                       |
|     | Hour e.m.                      | 19 et w   | THE THUS THE PARTY OF THE PARTY | ory, silver, office biog., ele   | 1  |                                    |
|     |                                |   | hazari baari   | Ionah 7  | 1062 to Anni 7 3 10                          | 62 that YI) (wa) last              |
|     |                                | nar (this nospiral) arre                          | nded the deceased from   | 3.1  | 1962, to April 3 19.1                        | De late stated about               |
|     | saw the deceas                 | ed alive on                                       |  | death occured at   |  |                                    |
|     | 220. SIGNATURE                 |   |  | ATTENDING  | MED STAFF                                    | 22b. DATE                          |
|     | 130                            | as my son   | W  | .D. PHYS.  | DIRECTOR PHYS.                               | 4/3/62                             |
|     | 22c. PHYSICIAN'S               | AN DUIGGO N D                                     |  | 22d. ADDRESS   | r HOWARD, MARYLAND                           |                                    |
|     | SMEABTE                        | AN RUSSO, M.D.                                    |  | VAH, FOR   | I HOWAID, MARKITAND                          |                                    |
| 1   | 23a BURIAL CREMATI             | ON, 235. DATE THEREOF                             | 23c. NAME OF CEMETERY  | OR CREMATORY   | 23d. LOCATION (City, town or county          | ) (Stete)                          |
|     | REMOVAL (Specify)              |   | Bal Holye R  | edeemer Cem  | Belair Road, Balt                            | timore, Md.                        |
| -   | Burial                         | 7/1/60  | ADDRESS  |  | C'D BY REGISTRAR 25b. REGISTRAR'S S          |                                    |
|     | 24 FUNERAL DIRECTOR            | 'S SIGNATURE                                      | -  |  |  |                                    |
|     | AIRPEL                         | 12/105 /6   | OO E. LOMBA  | RO ST DATE A   | PR 5 '62   arthur &                          | Thank                              |

1 150 X 150 The Total Control of the Control of Court Bry Webliffs, I Copy 1 17 - 1 200 Agend and Service Inches Copy 85 4001; junition THE SCORE AND STREET, MAKES AND 317.7 CARROLL CONTRACTOR OF THE PROPERTY OF THE PROP skiller dien fability i E. Likel - Liberty - I fordie i elitare gives TALL TOTAL CONTROL AND LAKE vial columnia To a several treatment than the several treatment to the several treatment treatment to the several treatment treatment to the several treatment t THE CONTRACT OF THE PARTY OF TH

| 1  |     | MAKILAND SIAIE DEPAKIMENT OF REALIN  |
|--|-----|--|
|  | -10 | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  OA 224   |
| a Top  | -   | 04338  |
| the and  |     | a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission)  a. COUNTY  b. COUNTY  b. COUNTY   |
| Sin action   |     | Balto, MARYLAND 8. STATE MA. B. COUNTY BOLDE.  |
| h = Dig  |     | b. CITY OR TOWN (if outside corporate limits)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RUITAL and give nearest town)  |
| 24   | . 1 | sationswell & Colonswell   |
| filled Pages   | -   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  ON A FARM?  |
| d wi   |     | 935 Calerede Ca' 735 Calerede Cd. YES NO   |
| pers<br>2 h  |     | NAME OF DECEASED A Middle Last 4. DATE Connit Dey Year   |
| mp mp  |     | (Type or print) Lettrude laylor DEATH Ceprel 8, 1962   |
| within   | 1   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.  |
| and and serb   | 1   | Vendo (1) i WIDOWED DIVORCED DED 24. 1877 Satisficary Months Days Hours Min.   |
| icat   |     | Nos. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY   |
| certific<br>shysici<br>remov<br>any ev                             |     | I W. S. al   |
| h ce   |     | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
| death<br>nding<br>plea   | 5.1 | Oliver Thompsoul annil   |
| tend   |     | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  |
| The at   |     | (Yes, no, or unkown) (If yes give were relates of service)  No. 6 men Salas 93 (Constant   |
| # # # # # # # # # # # # # # # # # # #                              | -   | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  |
| sicis<br>d b<br>d by<br>or   |     | PART I. DEATH WAS CAUSED BY, ARTERIOSC (ETTUTIC CATELIO - ONSET AND DEATH  |
| phy<br>gne<br>gne<br>ion,  |     |  |
| ing ing  |     | Conditions, if any, which be 1950 Vaseulal (Disease St. 34RS+  |
| end<br>end<br>bee<br>bee<br>cre                                    |     | geve rise to immediate couse    DUE TO   |
| or att<br>or att<br>e has<br>the bu<br>burial,                     |     | (e), steting the underlying cause lest.  |
| AN:  | 0   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY   |
| CI.  |     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  OSTEOARTICRITIS, SEVERE DEFINITION TO VES IN NO PERFORMED?  YES IN NO PERFORMED?  |
| hosp<br>certi<br>r use<br>prior                                    |     | 200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port t or Port II of item 18.)   |
| PH<br>the  |     | OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH |
| The Part Hear Hear Hear Hear Hear Hear Hear Hear                   | 9   | 20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)   |
| Af   |     | 20c, TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ferm, factory, street, office bldg., etc.)  While Not While et work et work et work  |
| D Stair<br>Se d  |     |  |
| Paga   |     | 1 1/8 17   |
| IREC<br>State  |     | saw the deceased alive on  |
| O A A B  |     | ATTENDING MED. STAFF SIGNED  |
| PITAL<br>Page 4<br>Page<br>with t                                  | 1   | 22c PHYSICIAN'S  |
| Pag<br>INER<br>or, pe  | 1   | NAME (Type) Thos E 160Act 5550 Balto Natl 11 Kz - 28   |
| O HOSPITAL death. Page 4 O FUNERAL director, page be filed with it |     | 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (Stote)   |
| HH   | -   | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 259. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| VR A1S (4)<br>15M 7/61   |     | 11 th Zill 11 = 1 Children and 1   |
| A  | 2 K | DEFICE V. W. 40 1 CAMDRAGE DATE 12 62 Chilling 8. Thank  |

AUTEMPOSE CONVINCE CARTER TURSELLE MEDITARE Contexally Sevence Designing La de Sio Balto Harr Bree nes

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14335

|   | dentili ida.                | de Diam                          |                                    | ***************************************    |
|---|-----------------------------|----------------------------------|------------------------------------|--|
| . PLACE OF DEATH  |                             | 2. USUAL RESIDENCE               | E (Where decessed lived, If insti  | tution: Residence before edmission         |
| e. COUNTY R   |                             | e. STATE M                       | b. COUNTY                          |  |
| Daltimore   | MARYLAND                    | / d.                             |                                    |  |
| b. CITY OR TOWN (if outside corporele limits,   | c. LENGTH OF STAY IN 16     | c. CITY OR TOWN (If              | outside corporete limits, write RU | RAL end give neerest town)                 |
| RunaL-Cock eusv: 112  | 6yrs.                       | Balto                            |                                    | 3 V D 4                                    |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp  | pitel, give street eddress) | d. STREET ADDRESS                |                                    | . IS RESIDENCE                             |
| Md. Masonia Home  |                             | 1123 Euta                        | w St.                              | YES NO N                                   |
| B. NAME OF A First  | Middle                      | Last                             | 4. DATE Month                      | Dey Yeer                                   |
| OTYPE OF PRINT  | uise Te                     | eact/e                           | DEATH April                        | 17 1962                                    |
| 5. SEX   6. COLOR OR RACE   7. MARRIE   | NEVER MARRIED 1 8           | DATE OF BIRTH                    |                                    | UNDER 1 YEAR   IF UNDER 24 HRS.            |
| Female White WIDOWE   |                             | Aug. 6, 187                      | 4 last birthdey) Me                | onths Deys Hours Min.                      |
|   | ND OF BUSINESS OR INDUSTR   | Y   11. BIRTHPLACE (County       | & State, or foreign country)       | 12. CITIZEN OF WHAT COUNTRY                |
| done during most of working life, even if retired)  |                             | Bultinova                        | City Md.                           | USA  |
| HOUSEWITE  3. FATHER'S NAME   |                             | 14. MOTHER'S MAIDEN N            |                                    | 447  |
|   |                             |                                  |                                    |  |
| Otto Duker  |                             | Anna C.                          | Radica                             |  |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.  | SOCIAL SECURITY NO. 17. I   | NFORMANT                         | Address                            |  |
| (Yes, no, or unkown) (Ifyes give wer or detes of service)   | M                           | asoni- Home                      | Records - C.                       | ookeysville                                |
| 18. CAUSE OF DEATH [Enter only one couse per li   |                             |                                  |                                    | INTERVAL BETWEEN                           |
|   |                             | / .                              |                                    | ONSET AND DEATH                            |
| IMMEDIATE CAUSE (a)   | -evisso/Erbi                | To andeholio                     | rascular dis                       | ease love +                                |
| DUE TO  |                             |                                  |                                    |  |
| I make a  |                             |                                  |                                    |  |
| Conditions, If eny, which (b)   |                             |                                  |                                    |  |
| geve rise to immediate cause  |                             |                                  |                                    |  |
| (e), stering the undertying   |                             |                                  |                                    |  |
| ceuse lest. (c)   |                             |                                  |                                    |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CON   | TRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINA         | AL DISEASE CONDITION GIVEN         | IN PART 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| PART II, OTHER SIGNIFICANT CONDITIONS CON   |                             |                                  |                                    | YES NO TH                                  |
|   | CRIBE HOW INJURY OCCURED    | /F-t                             | at Las Bowt II of Stom 19 )        | 1 🗀 🗀                                      |
| 200. ACCIDENT WAS UNDERLYING   20b. DES<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURED    | . (cnier neture of injury in re  | of 1 or Peri II of Item 10.)       |  |
| 20c. TIME OF INJURY Month, Dey, Year   20d.   | INJURY OCCURRED   20e. PLA  | CE OF INJURY (Home, farm,        | 20f. (City or town)                | (County) (Stete)                           |
| 20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. While   |                             | ory, street, office bldg., etc.) |                                    |  |
| p.m. 19 et wor  |                             |                                  |                                    |  |
| 21. I certify that (I) (this hospital) attended   | dad the deserred from       | C - 1                            | of lin Copie                       | 106 Z that (1) (va) la                     |
|   |                             |                                  |                                    |  |
| saw the deceased alive on.  | 719                         | death occured of. Z.             | M, from the causes and             | d on the date stated above                 |
| 22e. SIGNATURE  |                             |                                  |                                    | 22b. DATE                                  |
| 96. 1 T B 1he   |                             | ATTENDING MI                     | RECTOR PHYS.                       | 4/17 PIGNE                                 |
| abul 10 to  | wee M                       | .D. PHYS. DII                    | Teron II                           | 411162                                     |
| 22c. PHYSICIAN'S NAME (Type) Elizabeth B.   | Shenrill ul                 | Cockeyer                         | ille Me.                           |  |
| 30. BURIAL, CREMATION, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY       | OR CREMATORY                     | 23d. LOCATION (City, town          | or county) (Stete)                         |
| BURIAL 4-19-62  |                             | k Cemetery                       | Baltimore                          |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                     | 25a, REC'                        | D BY REGISTRAR 256. REGIST         | RAR'S SIGNATURE                            |
|   |                             |                                  | nn . 100                           |  |
| Wm.Cook, Inc., 1217 St.Pau  | II Street, Bart.            | LINOT DATE                       | PR 1 9 '62                         | Chang S. Knows                             |
|   |                             |                                  |                                    | - AD A VERWIE                              |

Destronger Leyer Sulto Rudok-Cockings ME 1122 Enteren ST. Md. Masonie Home seuse Teache April 6 Senath Senath a attitude a la mora Aug 6, 1874, 29 there was the state of the - 466 25 m , w & a Anna C. Radica otto Daker Alexania Hime Reacods - Cook open the As your less the amount is ensured - diene logs to maps 13 man and the super the with so shower Elizabeth & Sheppill At a Colomposelle Me energy inc., 1217 St.Paul Street, Most Cuerc

04340

RURAL and give nearest town)

Towson

Baltimore

d. NAME OF HOSPITAL (If not in hospital, give street address)

b. CITY OR TOWN (If outside corporate limits, write

PLACE OF DEATH

o. COUNTY

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

7 years

04336

Baltimore

e. IS RESIDENCE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

Towson

d. STREET ADDRESS

|                            | Off    |
|----------------------------|--------|
| and 2 shauld be filed with | M<br>X |
|                            |        |

feath. Page 4

the attending physician and campletely filled event, within 72 haurs after death Then please remove carbon papers. and in any by remaval, may be revained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. the State Board of Health prior ta burial, crematian, ar remaval,

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR VR A15 (4) 1SM 9/S9

| 306 W. F   | ennsylvania Ave  | nue                            | 306 W.   | Pennsy          | lvania              | Avenu                              |               | YES [      | NO                         |
|--|--|--------------------------------|--|-----------------|---------------------|------------------------------------|---------------|------------|----------------------------|
| 3. NAME OF<br>DECEASED<br>(Type or print)  | JOHN ANDREW  | Middle WIGHTH                  | THORWORTH  | 4.              | DATE<br>OF<br>DEATH | Mpril Mor                          |               | Day        | Year<br>1962               |
| S. SEX   | 6. COLOR OR RACE 7. MARRI WIDOWE                                       | DIVORCED                       |  |                 | 1                   | GE (In years ost birthdoy) 77 yrs. | Months Day    |            | ER 24 HRS<br>Min.          |
| Contractor-  | N (Give kind of work done 10b. Ing life, even if refired) Retired      | onstruction                    | New J  | ersey           |                     | γ)                                 | 12. CITIZEN   |            | COUNTRY                    |
| 13. FATHER'S NAME  David I   | howorth  |                                |  | MAIDEN NAM      |                     | oworth                             |               |            |                            |
|  | IN U. S. ARMED FORCES? 16. ! f yes, give wor or dates of service) None | SOCIAL SECURITY NO.            | 7. INFORMANT<br>Family   | Record          | S                   | Add                                | ress          |            | X                          |
|  | TH [Enter only one couse per lin H WAS CAUSED BY: IMMEDIATE CAUSE (o)  | 0 0 0                          | ARTER  | 4 0             | CCL                 | uslo                               |               | NTERVAL BE | DEATH                      |
| DIA  | mediate he under. DUE TO (c)   | afilli Tu                      | BUT NOT RELATED TO   | O THE TERMINA   | L DISEASE CC        | ONDITION GIV                       |               | PERFC      | AUTOPSY<br>DRMED?          |
| 20g. ACCIDENT WAS<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY A<br>20c. TIME OF INJURY<br>Hour o. m.<br>p. m. | CAUSE OF DEATH   | Not while                      | JRRED. (Enter noture of<br>e. PLACE OF INJURY (<br>factory, street, office | Home, farm,     | or Port II o        |                                    | (Coun         | ity)       | (State)                    |
|  | Livinste   | 2 16 2, and th                 | M.D. ATTENDIN PHYS.  | G MED.<br>DIREC | TOR P               | TAFF<br>HYS.                       | d an the do   | 4/11       | abave<br>b. DATE<br>SIGNED |
| 23a. BURIAL, CREMATION   | C. SIWINSK<br>N. 23b. DATE THEREOF<br>Lal April2,1962                  | 23c. NAME OF CEMETE CrestHaven | RY OR CREMATORY  | 23              | d. LOCATION         | (City, town, on, N.J               | ,,            | (Sto       |                            |
| 24 FUNERAL DIRECTOR'S  |  | ADDRESS                        | Maryland   | 25a. REC'D B    |                     | 2Sb. REGI                          | STRAR'S SIGNA |            |                            |
| J  |  |                                |  | 100             | n 1                 |                                    | W. Z.         | Tracia     |                            |

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TELL TOTOL METALE

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re te fall

Line 6

TO HOSPITAL OF CIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 50 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| MAKTLANI                                      | D STATE DEPARTMENT       | OF REALIN                 |         |
|---|--------------------------|---------------------------|---------|
| DIVISION OF STATISTICAL RESEARCH A            | ND RECORDS, 301 W. PREST | ON STREET, BALTIMORE 1, M | ARYLAND |
| DIVISION OF STATISTICAL RESEARCH A  04341  CE | RTIFICATE OF DEAT        | TH 043                    | 277     |

|   | 0.001   |
|---|---|
| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where daceesad livad, If institution: Residence before edmission)   |
| a. COUNTY Baltimone MARYIANTE   | e. STATE Maryland b. COUNTY   |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1  |   |
| // write RURAL and give neerest town)   |   |
| Kural-Cockeysville 10 years.  | De Minore 3VOI.4  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?   |
| Maryland Masmie Homes   | 43 00 Koland Ave YES NO F   |
| 3. NAME OF First Middle   | Last 4. DATE Month Dey Year   |
| (Type or print)   | T: 1 OF A : 1 0   |
|   |   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | 8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.   |
| Temale White WIDOWED & DIVORCED   | April 21, 1878 83 yrs. Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDU  |   |
| done during most of working life, even if retired)  | Bultimore Manyland 45A.   |
| 13. FATHER'S NAME   | 1000-0  |
| Samuel Moore  | 14. MOTHER'S MAIDEN NAME  |
|   | Many B. Jommen  |
| CV I LIME I LI L   | . INFORMANT Address   |
| (105, 110, or clintown) (11705 give wal or delessors elvice)  | Musonic Home Records - Cockeys rilly My   |
| 18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), end (c).]   | I INTERVAL BETWEEN  |
| PART I. DEATH WAS CAUSED BY:  | ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) CONONING ANT  | my deserver yours.  |
| DUE TO A  |   |
| Conditions, if eny, which > (b) Auterio scler   | 10615 Years   |
| geve risa to immediate ceusa  |   |
| (e), sletting tha underlying  |   |
| causa last. (c)   | NOT DEL ATTO TO THE TRUIN AL DISTANCE CONDITION ON THE ALL DISTANCE AND |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?   |
|   | YES NO.   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING   CAUSE OF DEATH  II IF ITHER, NOTIFY MEDICAL EXAMINER | RED. (Enter neture of injury in Pert I or Pert II of item 18.)  |
| OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |
|   | PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)   |
|   | fectory, street, office bldg., etc.)  |
| p.m. 19 et work et work   |   |
| 21. I certify that (I) (this hospital) attended the deceased from   | m B-+ 1961 to april 1962, that (1) (we) last  |
|   | nat death occured at  |
|   |   |
| 220. SIGNATURE  | ATTENDING MED. STAFF 22b. DATE SIGNED   |
| Chabit Strively   | M.D. PHYS. DIRECTOR PHYS.   |
| NAME (Type) = /120 by H B Shennill MI   | 22d. ADDRESS  |
| HAME HADDE 1/2 SOR IN W. JUEND!   | Cockeysville Md.  |
| 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER  | Y OR CREMATORY 23d. LOCATION (City, town or county) (Stata)   |
| REMOVAL (Specify)   |   |
|   |   |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  |
| Wm.Cook, Inc., 1217 St.Paul Street, Baltin  | MOLE Z DATE 10167   |
|   | APR 1 0   |

COMMENTER OF THE PARTY OF Superintendent of the same of design and the control of the content m. Coot, inc., 1237 Su. Fast Street, Soredmore 2

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) write RURAL end give nearest town) for your ES SE y is r d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Boar 3 to the funeral TN. RIVERSIDE retained he State B eath. NAME OF DECEASED OF the (Type or print) DEATH B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 wit last birthday) Months and age 5 me 1 and 2 \ 72 hours 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ci 18. Give Pages 1, 2 form PM3. Page dona during most of working life, even if retired) File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address with fo (Yes, no, or unkown) | (If yes give wer or detes of service) . NELLIE UNFRIED any 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). Office along w PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (e) should be DUE TO removal, Conditions, if eny, which (b) "pending" geve rise to immediate ceuse 10 DUE TO (a), steting the underlying Examiner 35 cause lest. nsed ion, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION ould be i Word Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part f or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief age 3 so burie 0 0 20d. INJURY OCCURRED | 20e. PLACE OF fNJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 00 0 While Not While the R: P. at work et work prior certificate, OR: forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH Q40 9 GREEN MOUNT GREENMOUNT FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR

ALTO

a. IS RESIDENCE

YES NO

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(County)

arthur S. Krous

NO -

(Slele)

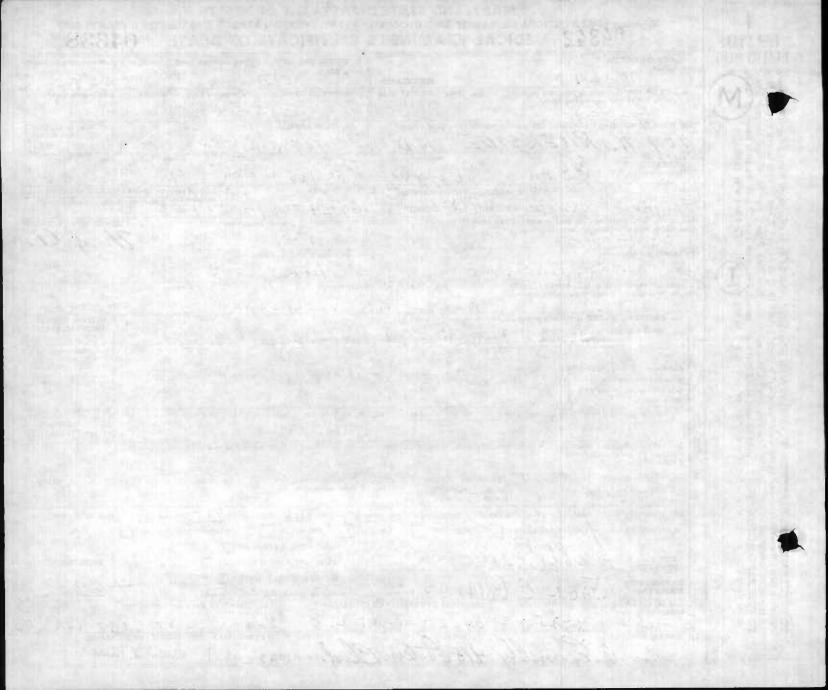
and in my opinion

DATE SIGNED

IF UNDER 24 HRS.

ON A FARM?

VS. A15ME SM 9/60



### FOR STATE HEALTH-DEPT sary,

Health Page files

TO DEPUTY MEX. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINED'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. PLACE OF DEA  | TH   |                    |                             | - 11     | 2. USUAL RESIDEN   | CE (Whare      | daceased live  | d, If inst | titution: R | Rasiden | ce bafore a | admission) |
|--|--|--------------------|-----------------------------|----------|--|----------------|----------------|------------|-------------|---------|-------------|------------|
| a. COUNTY  | Balto. Co  |                    | MARYLAI                     | ND       | a. STATE Mar   | vland          | b. (           | COUNTY     |             | 1+0     | . Co        |            |
|  | l (if outsida corporata limi   | its,               | c. LENGTH OF STAY IN        |          | c. CITY OR TOWN (  | 0              | rporata limits | writa RI   |             |         |             | vn)        |
| 13   | nd give nearest town)  | 1 a                | Life                        |          | X Bradah   | -              |                |            |             |         |             |            |
|  | dshaw  PITAL OR INSTITUTION (  | if not in hos      |                             |          | d. STREET ADDRESS  | aw             |                |            |             |         | i a IS D    | RESIDENCE  |
|  |  | 11 1101 111 1103   | pilal, give siladi addless; |          |  |                | ldi »          |            |             |         |             | A FARM?    |
|  | dshaw Md   |                    |                             |          |  | shaw           |                |            |             |         | YES _       | NO X       |
| 3. NAME OF<br>DECEASED   | First  |                    | Middle                      |          | Last   | 4. DATE        |                | onth       |             | Day     | Yaa         | r          |
| (Type or print)  | Joh  |                    | H                           |          | rich Jr.   | DEAT           | Н              | , 4        |             | 15      | 19          | 62         |
| 5. SEX   | 6. COLOR OR RACE   | 7. MARRIEI         | NEVER MARRIED               | 8.       | DATE OF BIRTH  |                | 9. AGE (In     | yaars IF   |             |         |             | R 24 HRS.  |
| Male   | White  | WIDOWE             | D DIVORCED                  |          | 10-5-1913  |                | lest birth     | rs. M      | lonths      | Deys    | Hours       | Min.       |
| 10a. USUAL OCCUPA  | ATION (Giva kind of work   | 10b. KI            | ND OF BUSINESS OR INC       | DUSTRY   | 11. BIRTHPLACE (Stata                                    | or foreign c   | country)       |            | 12. CIT     | IZEN O  | F WHAT      | COUNTRY    |
| Expidit  | working lifa, avan if ratira   |                    | rtin Co.                    |          | Balto.   | Md             |                |            | SA          | US      | A           |            |
| 13. FATHER'S NAME  | OI .   | 1 4                | TOTH OO.                    | 1        | 4. MOTHER'S MAIDEN                                       |                |                |            |             | 0 0     |             |            |
|  | John H Ulr   | rich               |                             |          |  | Louis          | sa Br          | ebac       | k           |         |             |            |
| 15 WAS DECEASED  | EVER IN U.S. ARMED FOR   | CES2   16          | SOCIAL SECURITY NO.         | 17 YM    | FORMANT  |                |                | dress      |             |         |             |            |
| (Yas, no, or unkown)   | (If yes giva war or datas of s   |                    |                             |          |  |                |                | 775        |             |         | e.M.        |            |
| NO   |  | 21                 | 7-14-2939                   | MIT.     | s Edna E Ul  | rich           |                | rad        | shaw        |         | Md.         |            |
| The second secon | DEATH  Enter only ona  | causa per li       | ina for (a), (b), and (c).] | 1-       |  |                | 1 1            |            | -           |         | ERVAL BE    |            |
| PARI I. DEA  | ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)  | W                  | rungule                     | stro     | 1 5 cov  | ricul.         | des la         | recel      | hon,        |         |             |            |
| 95   | DUE TO   |                    | 0 +                         | , 1      |  |                |                |            |             |         |             | 10.00      |
| Conditions, if a   | ny, which (b)  |                    | due to 1                    | Her      | rguil.   |                |                |            |             |         |             |            |
| gave rise to imme  | diala causa  |                    |                             |          | 0  |                |                |            |             |         |             |            |
| (a), stating the causa last.   | undariying   |                    |                             |          | 0  |                |                |            |             |         |             |            |
|  | (c)<br>IER SIGNIFICANT CONDI   | TIONS CON          | TRIBUTING TO DEATH BL       | UT NOT   | RELATED TO THE TERMIN                                    | NAL DISEAS     | E CONDITION    | N GIVEN    | IN PART     | 1(n): 1 | O WAS A     | AHTOPSV    |
| SE THE SE  |  |                    |                             |          |  |                |                |            |             |         | PERFO       | DRMED?     |
| <u>5</u>   | GALLET WAS LO  | at progni          | NE HOLL BUILDY OCCUP        | Pm /F    |  |                | 40.1           |            |             |         | YES         | NO [       |
|  | ONTRIBUTING  | Ob. DESCRI         | BE HOW INJURY OCCUR         | KED. (En | ar natura of injury in Par                               | T I or Part II | of ilam 18.)   |            |             |         |             |            |
|  | Н.   |                    |                             |          |  |                | D 4 W          |            |             |         |             |            |
| 20c. TIME OF IN  |  | ar 2Dd. I<br>Whila |                             |          | E OF INJURY (Homa, farm<br>y, streat, offica bldg., atc. |                | lly or town)   |            | (Cou        | nly)    |             | (State)    |
| Hour a.m   |  | at work            |                             |          |  | 1              |                |            |             |         |             |            |
| 21. I certify  | that I took charge of  | of the rem         | ains described above        | e, held  | an Autopsy .   | Inspection     | n Fil Ir       | nguiry     | -           | and     | in my o     | pinion     |
| death resulted   | from: Natural ca   | uses 🗔.            | Accident .                  | Suicid   | e Homicide   | □. u           | Indetermine    | ed man     | ner [       | 1       |             |            |
|  |  |                    |                             |          | CHIEF MEDICAL I  |                |                |            |             | 1       |             |            |
| ACTUAL   | Mund.  | 111                | 0                           |          |  |                |                |            |             |         | ATE SIG     | 12100      |
| SIGNATURE_   | ALTERNATION OF THE PROPERTY OF | 10/                | <u> </u>                    |          | M.D. ASSISTANT MED                                       |                |                |            |             |         |             |            |
| EXAMINER'S<br>NAME (Typa)  | MOHN   | 6,0                | Ityle.                      |          | DEPUTY MEDICAL Addrass (Streat, o                        |                |                |            | 4.          | -16     | ,-67        |            |
| 22a. BURIAL, CREMAT<br>REMOVAL (Speci  |  | OF                 | 22c. NAME OF CEMETE         | RYOR     | REMATORY   | 22d. LOCA      | ATION (City,   | town, or   | country)    | )       | (Stat       | to)        |
| Burial   | 1 1- 9-196   | 52                 | St Michael                  | 1 S T    | uth. Cem.  | Bal            | timore         | Co         |             |         | Ma.         |            |
| 23. FUNERAL DIRECT   | OR   | -                  | ADDRESS                     |          | 24a. REC   | D BY REGIS     | TRARD 24b.     | REGIST     | PARIS SI    | GRAY    | District    | 1 -        |
| for a  | 1500 . 17  |                    | THAIDI.                     | R        | DATE DATE  | KPR 1          | 1 02           |            |             |         |             |            |
| Karopa A   | James &  | mone               | - Horara                    | ~ 4      | TONIE  |                |                |            |             |         |             |            |

|  |            | erw diani |          |       |       |  |
|--|------------|-----------|----------|-------|-------|--|
|  |            |           |          |       |       |  |
|  |            |           | . O she  | netal |       |  |
|  |            |           | 10       |       |       |  |
|  |            |           |          |       |       |  |
|  |            |           |          |       |       |  |
|  |            |           |          |       |       |  |
|  |            |           |          |       |       |  |
|  |            |           |          |       | ALCON |  |
|  | . ellerati |           | ide what |       |       |  |

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY 1 Pe Baltimore MARYLAND and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) 15 urs. Pages 1 d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Chelsea St. Cholson etely 3. NAME OF Middle DECEASED (Type or print) Granger Vander Poel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and WIDOWED 1 DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Bankina attending pl Then please r 13. FATHER'S NAME 2. Augustas Vander Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) oval the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO affending Conditions, if eny, geve rise to Immediate cause DUE TO (e), steting the underlying (c) Carcinomatosis extensive Carcinoma Prostrate 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 factory, street, office bldg., etc.) While Not While Hour e.m. et work DIRECTOR: 22e. SIGNATURE PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type director, 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify)

New York 1191 Eliza Granger Address Above Mrs. W. Wilson White INTERVAL BETWEEN ONSET AND DEATH (b) Hypertensive Cardio Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TY 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) (Stete) 20f. (City or town) (County) 21. I certify that (I) (this hospital) attended the deceased from Sept. 1947., to 4.-2.3. 19.62, that (I) (we) last 22b. DATE SIGNED DIRECTOR PHYS. 23d. LOCATION (City, town or county) Cremation Baltimare Greenmount 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE H.W. Jenkins & Sons Co. 4905 York Rd. balto. 12, Motorie APB 2 6 '62 arthur & Kraus

b. COUNTY

9. AGE (In yeers | IF UNDER 1 YEAR

lest birthday)

e. IS RESIDENCE ON A FARM?

YES NO .

19

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

death. Page 4
TO FUNERAL VR A15 (4) 15M 9/60

OLEKO. the state of the s Late to a story for the fact that the state of the state

# 13

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)                   |
|--|--|
| 12. 1:   | o. STATE M. S. COUNTY B. L.  |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN   | 11014010   |
| write RURAL end give nearest town)   | to C. Cit's Ok 10 Wil (is outside corporate nimits, write koket and give needest town)                 |
| Relav 61145.   | XTELAY   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS o. IS RESIDENCE  |
| 1000 C H . 1 . 1   | ON A FARM?   |
| 1808 24 116N AVE.  | 11808 547167 Ave. YES NO X   |
| NAME OF First Middle   | Last 4. DATE Month Dey Year  |
| (Type or print) Mary B. Vernetson  |  |
| 5. SEX   6. COLOR OR RACE   7, MARRIED   NEVER MARRIED   |  |
| / MAKKIED   NEVER MAKKIED  | last birthday) Months Days Hours Min.  |
| PRMOLE White WIDOWED DIVORCED  | 1 Sept. 16 1877 84 vrs.  |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDU   | USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY                  |
| done Juring most of working life, even if retired)  ADUSE WARK   | M 1. 5. A.   |
| 13. FATHER'S NAME  | Marylong   |
| is. rainer's Name  | 14. MOTHER'S MAIDEN NAME   |
| John Murphy  | Unknown  |
|  | 17. INFORMANT Address  |
| (Yas, no, or unkown) (If yes give wer or detes of service)   | a the second as a the A  |
| NO   | Porgoret L. Mª Manus 1808 Sutton Ave.  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  | INTERVAL BETWEEN   |
| PART 1. DEATH WAS CAUSED BY:   | Common the real Courses 2 lin  |
| IMMEDIATE CAUSE (6)  | - willy center, not  |
| DUE TO DUE   | 1: 111 1-1 0 - 21  |
| Conditions, if eny, which (b)  | raco la lewaytras, 1-7   |
| gave rise to immediate causa DUE TO  | 1 1 11 1 -   |
| (e), stating the underlying cause last.  | Vetra Hyperland 104  |
|  | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO-SY                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | PERFORMED?   |
|  | YES NO   |
|  | URED. (Enter neture of injury in Part I or Pert II of item 18.)  |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU<br>OR CONTRIBUTING   CAUSE OF DEATH<br>U (IF EITHER, NOTIFY MEDICAL EXAMINER) |  |
|  |  |
|  | PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) |
| Hour a.m.  While Not While at work et work   | includy, silem, Office bidgs, etc.)  |
|  | 100 10 00 10 00 10   |
| 21. I certify that (I) (this hospital) attended the deceased from  | om. 1960 to 6 221962 that (I) (wa) las   |
| saw the deceased alive on 20.1962, and   | that death occured at  |
| 22e. SIGNATURE   | 22b. DATE  |
| In In Mas. 1   | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  |
| 1 1 1 4 um veren   |  |
| 22c. PHYSICIAN'S NAME (Type)   | 22d. ADDRESS   |
| Brue & Brumbough WV  | 5609 Moin St KIKriog & 27, 1010  |
| 23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETI  |  |
| REMOVAL (Specify)  | 1 10 to 216 - M. 1-1   |
| Burial 4/20/00 New Cothe   | edrol Cemetery isoltimor e, 11/2 ry land.  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| Implying has 1328 Sulphun Saria  | Pel. DATE MPR 2 6 62 Orthur S. Krous   |
| Umbriel, me. 1928 suphur yorno   | y PCI' DATE DE DE CITTURE J. Threat  |

TO HOSPITAL PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m., be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death. VR A15 (4) 15M 7/61

ATTENDED THE LOCAL OF STREET Company of the second control of the second South the state of Howkney has I shappen by in Ret was made in good & man

# FOR STATE HEALTH DEPT "AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is partial."

TO DEPUTY ME.

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 04345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|     |                  | PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)  |
|-----|------------------|--|--|
|     |                  | Baltimore County MARYLAND  | o. STATE Maryland Baltimore Co.  |
|     |                  | c. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1   |  |
| NA  | 1                | write RURAL end give nearest town)   | Pol+1mone 2 VA 1 44  |
| TAI | 1                | i. NAME OF HOSPITAL OR INSTITUTION (If not In hospitel, give street eddress)   | Baltimore  d. STREET ADDRESS  1 •. IS RESIDENCE  |
| Y   | B                | alto. Beltway at Rt. 40  | 17 35 Pittoreido Attorno   |
|     | 3.               | NAME OF First Middle   | 1135 Riverside Avenue YES NO Last A. DATE Month Day Year   |
|     |                  | Type or print)  JOHN  G  | OF   |
|     | 5.               |  | VINSON   DEATH April 30, 19 62  8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
|     |                  |  | last birthday) Months Deys Hours Min.  |
|     |                  | MATE . MILLON  | TRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?   |
|     | dor              | e during most of working life, evan if retirad)  | Marulo 1   |
|     | 12               | FATHER'S NAME  | 114. MOTHER'S MAIDEN NAME  |
| 7   |                  | 0 0 0 0 0  |  |
| 11  | 10               | WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | Contheme fresk   |
| 9   | (Yes             | , no, or unkown) (Ifyas give war or dates of servica)  | . INFORMANT Address  |
|     |                  | No   | Family Some  |
|     |                  | 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:   | INTERVAL BETWEEN ONSET AND DEATH   |
|     |                  | IMMEDIATE CAUSE (a) Cranio-cerebral in   |  |
| V   |                  | 8/9 X DUE TO   |  |
|     |                  | Conditions, if eny, which (b)  |  |
|     |                  | gave rise to Immediate ceuse (a), steting the underlying  DUE TO   |  |
| 9   |                  | cause lest. (c)  |  |
| 0   | N                | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY   |
|     | 5                |  | PERFORMED?   |
|     |                  |  | YES NO DO  |
|     | FIFE             |  | (Enter nature of injury In Part I or Pert II of itam 18.)  |
| 49  | CERTIFICATION    | PRIMARY TO OF CONTRIBUTING   | (Enter nature of injury in Part I or Pert II of itam 18.)  |
|     |                  | PRIMARY IN OF CONTRIBUTING   Passenger in auto w  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P   | hich ran through barricade at end of beltway  (Stata)  (Stata)   |
|     |                  | PRIMARY IN OF CONTRIBUTING DECAUSE OF DEATH.  Passenger in auto w  20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. P  | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., atc.)  (Stata)   |
| 03  | MEDICAL CERTIFIC | PRIMARY TO OF CONTRIBUTING DECAUSE OF DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. Apr. 30, 1962  Passenger in auto W  Whila Not Whila at work Bal   | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  actory, street, office bldg., atc.)  to. Beltway at Rt. 10. Balto. County. Marylan   |
|     |                  | PRIMARY IN OF CONTRIBUTING DECLARATED PASSENGER IN Auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. Apr. 30, 1962 at work Bal  21. I certify that I took charge of the remains described above,  | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office bldg., atc.)  to Beltway at Rt. 10 Balto County Marylan  held an Autopsy , Inspection X, Inquiry , and in my opinion  |
|     |                  | PRIMARY TO OF CONTRIBUTING DECAUSE OF DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. Apr. 30, 1962  Passenger in auto W  Whila Not Whila at work Bal   | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, cotory, street, office bldg., atc.)  to. Beltway at Rt. 10 Balto County, Marylan held an Autopsy , Inspection X, Inquiry , and in my opinion incide , Homicide , Undetermined manner   |
|     |                  | PRIMARY IN OF CONTRIBUTING DECLARATED PASSENGER IN Auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. Apr. 30, 1962 at work Bal  21. I certify that I took charge of the remains described above,  | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office bidg., atc.)  to. Beltway at Rt. 10. Balto. County. Marylan, held an Autopsy . Inspection X. Inquiry . and in my opinion iicide . Homicide . Undetermined manner .  |
|     |                  | PRIMARY of CONTRIBUTING DEAD CAUSE OF DEATH.  Passenger in auto was present of the present of th | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20%. (City or town) (County) (Stata)  actory, street, office bldg., atc.)  to Beltway at Rt. 10 Balto County Marylan held an Autopsy Inspection X, Inquiry , and in my opinion incide , Homicide , Undetermined manner   CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED  |
|     |                  | PRIMARY M OF CONTRIBUTING DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  p.m. Apr 30, 1962 at work at work R  21. I certify that I took charge of the remains described above, death resulted from: Natural causes Accident R  Accident R  ACTUAL SIGNATURE  EXAMINER'S  | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office bidg., atc.)  to. Beltway at Rt. 10. Balto. County. Marylan, held an Autopsy Inspection X. Inquiry, and in my opinion iicide Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED  DEPUTY MEDICAL EXAMINER   |
| 23  | MEDICAL          | PRIMARY M OF CONTRIBUTING DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  p.m. Apr 30, 1962 at work at work R  21. I certify that I took charge of the remains described above, death resulted from: Natural causes Accident R  Accident R  ACTUAL SIGNATURE  EXAMINER'S  | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office bidg., atc.)  to. Beltway at Rt. 10. Balto. County. Marylan, held an Autopsy Inspection X. Inquiry, and in my opinion iicide Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED  DEPUTY MEDICAL EXAMINER   |
| 2   | MEDICAL          | PRIMARY M OF CONTRIBUTING DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. Apr. 30, 1962 at work at work with a look charge of the remains described above, death resulted from: Natural causes Accident S. Su  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY   | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office abldg., atc.)  to Beltway at Rt 10 Balto County Marylan  held an Autopsy Inspection X, Inquiry And in my opinion  iticide Inspection X, Inquiry And Inspection Inspection X, Inquiry Andrew Marylan  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER AND DATE SIGNED  Address (Street, city, town, or county)  OR CREMATORY 22d. LOCATION (City, town, or country)  (Stete) |
| 2   | WEDICAL 2220.    | PRIMARY M OF CONTRIBUTING DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. Apr. 30, 1962 at work at work with a look charge of the remains described above, death resulted from: Natural causes Accident S. Su  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY   | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office abldg., atc.)  to Beltway at Rt 10 Balto County Marylan  held an Autopsy Inspection X, Inquiry And in my opinion  iticide Inspection X, Inquiry And Inspection Inspection X, Inquiry Andrew Marylan  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER AND DATE SIGNED  Address (Street, city, town, or county)  OR CREMATORY 22d. LOCATION (City, town, or country)  (Stete) |
| 2   | WEDICAL 2220.    | PRIMARY M OF CONTRIBUTING DEATH.  Passenger in auto W  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. Apr. 30, 1962 at work at work with a look charge of the remains described above, death resulted from: Natural causes Accident S. Su  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY   | hich ran through barricade at end of beltway  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  actory, street, office abldg., atc.)  to Beltway at Rt 10 Balto County Marylan  held an Autopsy Inspection X, Inquiry And in my opinion  iticide Inspection X, Inquiry And Inspection Inspection X, Inquiry Andrew Marylan  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER AND DATE SIGNED  Address (Street, city, town, or county)  OR CREMATORY 22d. LOCATION (City, town, or country)  (Stete) |

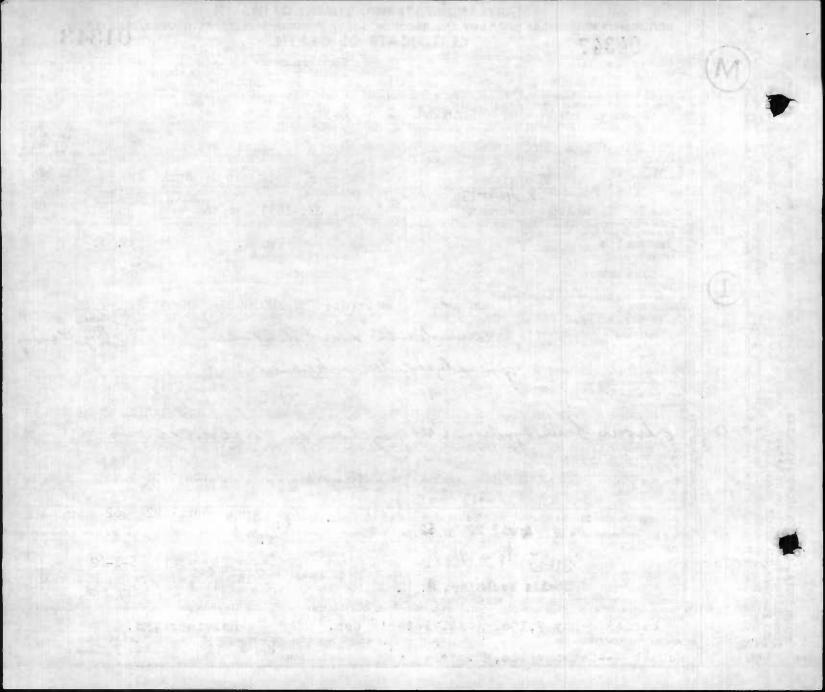
Austrian Common Common Age 18 Fe others of terrein Rela-AND THE METERS OF A LAND regulat is referred - utariation males . Transf . w De . Of . us de . postfed . Stre . F Son de la THE COURSE WELL STATE STATE STATES

|   |   |   | •  |   |     |
|---|---|---|--|---|-----|
| HOSPITAL O TIENDING PHYSICIAN: The law requires that the death certiticale be executed within 24 frouts after | by the hospital or attending physician. | O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in By the funeral | director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should | be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death | (1) |
| TTENDING  | De retained b                           | ECTOR: Afte   | ould be detach   | ate Dept. of Hi   |     |
| O   | та                                      | DIR   | 3 she  | he St   |     |
| J HOSPITAL  | death. Page 4                           | O FUNERAL   | director, page   | be filed with th  |     |
| v   | -                                       | ~   |  |   |     |

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04347 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Mary Land c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL and give neerest town) Catonsville Limth8dv s Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? HOSPITAL 772 Canal Street YES NO GROVE STATE 3. NAME OF 4. DATE DECEASED DEATH April 22 62 (Type or print) 19 Floren ce Wagner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours female white WIDOWED DIVORCED April 27, 1893 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Penna. U.S. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) i (If yes give wer or dates of service) unknown Racords: SPRING GROVE STATE HOSPITAL unknown 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),] INTERVAL BETWEEN NSET AND DEATH terroscleratic Leart disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) eneralized outerosclerosis 4200 geve rise to immediata cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO IX 20b. DESCRIBE HOW INJURY/OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour a.m. et work et work

saw the deceased alive on. April 22 19 62, and that death occured at........M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE Wa chsler ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S STATE GROVE HOSPITAL Stella Wachsler, M. D. NAME (Type) CATONSVILLE 28, Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY May 7.1962 St. Peter's Cem. Baltimore. Md. buried 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS McNabb --- Catonsville, Md.



| 043                                  |  |  | TE OF DEAT                      | N STREET, BALTIMORE 1,<br><b>H</b>                 | 04344                         |
|--------------------------------------|--|--|---------------------------------|--|-------------------------------|
| 1. PLACE OF DEAT a. COUNTY Baltimore |  | MARYLAND   | a. SIAIE Maryland               | CE (Where deceased kived, If institution b. COUNTY | Rasidenca before edmission)   |
|                                      | (if outside corporala limits,                                    | c. LENGTH OF STAY IN 16                          |                                 | If outside corporate limits, write RURAL a         | and give nearest lown)        |
| writa RURAL an                       | d give nearest town)   |  |                                 |  |                               |
| Fort Howa                            |  | 6 Days   | X Baltimor                      | re 34  | IS DESIDENCE                  |
| d. NAME OF HOSP                      | HAT OK INSTITUTION (IF NO.                                       | t in hospital, give street address)              | d. STREET ADDRESS               |  | e. IS RESIDENCE<br>ON A FARM? |
|                                      | Administration   | on Hospital                                      | 3332 Wil                        | loughby Road                                       | YES NO                        |
| 3. NAME OF<br>DECEASED               | First  | Middle   | Lasi                            | 4. DATE Month                                      | Day Year                      |
| (Type or print)                      | MARY   | Α.   | WALLIS                          | DEATH April 2                                      | 2 19 62                       |
| 5. SEX                               |  |  | B. DATE OF BIRTH                | 9. AGE (In years   IF UNDER                        |                               |
| Formala                              |  | DOWED DIVORCED                                   | January 28,1                    | 1883 70 yrs. Months                                | Days Hours Min.               |
| 10a. USUAL OCCUPA                    | TION (Give kind of work  | 10b. KIND OF BUSINESS OR INDUSTI                 |                                 |  | TITIZEN OF WHAT COUNTRY       |
| Nurse Nurse                          | orking life, even if retired)                                    | Nursing  |                                 | Maryland(Worton)                                   | U. S. A.                      |
| 13. FATHER'S NAME                    |  |  | 14. MOTHER'S MAIDEN             | NAME   |                               |
| Samuel W.                            | Wallis   |  | Mary Lynch                      |  |                               |
| 15. WAS DECEASED EN                  | VER IN U.S. ARMED FORCES   | 7   16. SOCIAL SECURITY NO.   17.                | INFORMANT                       | Address  |                               |
| (Yas, no, or unkown)                 | If yes give war or dates of service                              | -01  | inical Record                   | ls VA Hospital, For                                | t. Howard Md.                 |
|                                      |  | se per line for (e), (b), end (c).]              | LILLOUI INCOVO                  | to the hospitodity for                             | INTERVAL BETWEEN              |
|                                      | TH WAS CAUSED BY:  |  | DATE INDE                       |  | ONSET AND DEATH               |
| , ARI II DEA                         | IMMEDIATE CAUSE (a)  | CONGESTIVE HEART                                 | FALLURE                         |  | DAIS                          |
| 477                                  | DUE TO   |  |                                 |  |                               |
| Conditions, if en                    | y, which \ (b)   | MYOCARDIAL HEART                                 | FAILURE                         |  | DAYS                          |
| geve rise to immed                   | DIJE TO  |  |                                 |  |                               |
| (e), stating the cause lest,         | underlying (c)   | ARTERIOSCLEROTIC                                 | CARDTOVASCID                    | AR DISEASE   | YEARS                         |
|                                      | 1-7  |  |                                 | NAL DISEASE CONDITION GIVEN IN PA                  | RT 1(e) 1 19. WAS AUTOPSY     |
| O CERTIFICATION A                    |  |  |                                 |  | PERFORMED?                    |
| CEREBRA.                             | L ARTERIOSCIE  |  |                                 | D . I D . I I . I . I . I                          | YES NO X                      |
| OR CONTRIBUTING                      | VAS UNDERLYING   20<br>G   CAUSE OF DEATH<br>Y MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCURED                   | J. (Enfer neture of injury in   | Perf I of Part II of Item IB.                      |                               |
| 20c. TIME OF INJ                     | URY Month, Dey, Year   |  | ACE OF INJURY (Home, farr       |  | ounty) (State)                |
| Hour a.m.                            | 19   | While Not While at work et work                  | tory, street, office bldg., etc | :)   |                               |
|                                      |  |  | Merch 27                        | 1062 Anmil 2                                       | 62                            |
| saw the decea                        | that (f) (this hospital) ised alive onApri                       | attended the deceased from. 1, 2, 19,62, and the |                                 | 1962, to April 2 1                                 |                               |
| 220. SIGNATURE                       |  |  |                                 |  | 22b. DATE                     |
| Och                                  | 219 1/211  | IT .   |                                 | MED. STAFF DIRECTOR PHYS.                          | 4/2/62 SIGNED                 |
| 22c. PHYSICIAN'S                     | in Jawa  | Medica.  |                                 |  | 7/4/04                        |
| OJOHN'P                              | D. TALBERT, Ac   | ting Chief, Service                              | VA Hospit                       | al, Fort Howard, M                                 | aryland                       |
| 23e. BURIAL, CREMAT                  |  |  |                                 | 23d. LOCATION (City, town or cou                   |                               |
| REMOVAL (Specify<br>Burial           |  | I U Cemete                                       |                                 | Kent County, Ma                                    |                               |
| 24 FUNERAL DIRECTO                   | R'S SIGNATURE  | ADDRESS , - O                                    | 25a. RE                         | C'D BY REGISTRAR   256. REGISTRAR'S                | S SIGNATURE                   |
| Willia Wal                           | ls,Chestertow  | n. Maryland (), ()                               | DATE DATE                       | APR 5 '62 Class                                    | The second second             |
| MITTIP MET                           | TO OTTOBOCT OOM  |  | I DATE                          | Chilling   | S. Thank                      |

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH TREET, BALTIMORE 1, MARYLAND OF DE 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY e. STATE Baltimore County rederici MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) KNOXV Mt. Wilson Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? hours Wilson State Hospital YES NO K completely papers. 3. NAME OF Middle DATE Month Year DECEASED OF (Typa or print) harles DEATH 19 0 IF LINDER 24 HRS. B. DATE OF AGE (In years | IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED last birthdey) Months Hours WIDOWED DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work physician remove 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S please death 2 attending and 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the (Yes, no, or unkown) | (Ifyesgive werordetes of service) Medical records, Mt. Wilson State Hospital signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN physician. ONSET AND DEATH uberculosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Pulmonary Emphysema Conditions, if eny, which (b) geva risa to immadiata cause DUE TO (a), steting the underlying couse lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? SE 0 NO use prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 the After 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, straet, office bldg., etc.) While Not While at work at work CIOR: 29 1962 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from...... 4 1962 and that death occured as shoul DIREC DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 M.D. director, page be filed with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Newcomer, M.D., Superintendent Mt. Wilson, Maryland 23c. NAME OF CEMETERY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. REMOVAL- (Specify) 0 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 043  | 50  | •                  | CERTIFICAT                  | TE OF DE                                | ATH                |                    | 4-53              | 043                     | 16              |                         |
|--|---|--------------------|-----------------------------|---|--------------------|--------------------|-------------------|-------------------------|-----------------|-------------------------|
| 1. PLACE OF DEATH  | Baltimore   |                    | MARYLAND                    | e. STATE                                |                    | (Where decee       | b. COUN           | nstitution: Reside      |                 | admission)              |
| b. CITY OR TOWN (  | if outside corporata limi<br>give neerest town)<br>rimore (Arb    | utus) c. L         | ENGTH OF STAY IN 16         | 1 1/2 4                                 |                    | outside corporat   |                   | RURAL and give          | nearest tov     | wn)                     |
|  | North Aven  |                    | give street eddress)        | 1300 N                                  |                    | lvenue             |                   |                         |                 | A FARM?                 |
| 3. NAME OF<br>DECEASED<br>(Type or print)                          | First<br>Flora  | C. Warr            | Middle<br>en                | Lest                                    | 4                  | OF<br>DEATH        | Apri]             | 21, 19                  |                 |                         |
| 5. SEX female  | 6. COLOR OR RACE white  | 7. MARRIED XX      | NEVER MARRIED               | Sept. 1                                 |                    | le                 | st birthdey)      | Months Days             | Hours           | R 24 HRS.               |
| done during most of we house                                       | rking life, even if retire  | 10b. KIND O        | F BUSINESS OR INDUS         | Mar                                     | yland              |                    | eign country)     | U. S                    |                 | COUNTRY                 |
| 13. FATHER'S NAME Herr   | man RK Pohl   | haus               |                             |   |                    | erveer             |                   |                         |                 |                         |
| 15. WAS DECEASED EV<br>(Yeshoo, or unkown)                         | ER IN U.S. ARMED FOR fyesgivewerordetesofs  DEATH [Enter only one | ervice) non        | e War (e), (b), end (c).]   | informant alter T.                      | •                  | n, Sr.,            | Address<br>1300 N | 111                     | e. #2           | TWEEN                   |
| Conditions, if any geve rise to immed (a), stering the cause lest. | iete cause  | Ĉ                  | teriscler                   | arcibos<br>atic CV                      | Dia.               | ease               |                   |                         | 39              | un.                     |
| PART II. OTHE  | R SIGNIFICANT COND  | TIONS CONTRIBL     | ITING TO DEATH BUT          | NOT RELATED TO TI                       | HE TERMINA         | L DISEASE CO       | NDITION GIVI      | EN IN PART 1(e)         | 19. WAS A PERFO | AUTOPSY<br>ORMED?<br>NO |
|  | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)                   | 20b. DESCRIBE      | HOW INJURY OCCUR            | ED. (Enter neture of                    | injury in Pe       | rt I or Pert II of | item 1B.)         |                         |                 |                         |
| 20c. TIME OF INJU<br>Hour a.m.<br>p.m.                             | 19  | While et work      | Not While fi                | LACE OF INJURY (Factory, street, office | bldg., etc.)       | 20f, (City or      | town)             | (County)                |                 | (State)                 |
|  | that (I) (this hospi<br>sed alive on                              | tel) attended /2,3 | the deceased from           | at death occur                          | 3, 19<br>ed at 2 / |                    |                   | , 19.6.2,<br>and on the |                 |                         |
| 22a. SIGNATURE   | Hey J.  | Sole               | affer                       | M.D. ATTENDING                          | DIR                |                    | STAFF<br>PHYS.    |                         | f-2             | SIGNE                   |
| 22c. PHYSICIAN'S   | John  |                    |                             |   | Rando              | m Road             |                   |                         |                 |                         |
| 23a. BURIAL, CREMAT<br>REMOVAL (Specify<br>Burial                  | 10N, 23b. DATE THE  |                    | NAME OF CEMETER Loudon Parl |   | y                  |                    | ore, Ma           | aryland                 |                 | State)                  |
| 24 FUNERAL DIRECTO Howard H.                                       |   | .07 Wilke          | ens Avenue                  | #29                                     | 25e, REC'D         | PR 2 4 16          |                   | GISTRAR'S SIGN          |                 |                         |

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|                 | 254 Junio  | Howard H. Habbard, 4107 Utlaud A |

| 1 2  | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|--|--|
| 68 6   | MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 0.4347  |
| should be cre-   | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  |
| pleose should cremo  | o. COUNTY Baltoning MARYLAND O. STATE maryland b. COUNTY Battoning   |
| ( N A ) 5 - 2 - 3  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| necesso<br>for Per   | Hereford & Hereford  |
|  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?  |
| lay is direction files.  | 3. NAME OF First Middle Last 4. DATE Month Day Year  |
| de<br>grol   | 3. NAME OF Piret Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) A F T H 1 F P 1962   |
| f ony<br>e func<br>for yo<br>e regi  | 5. SEX A COLOR OF RACE 7. MARRIED TO REPUBLIC TO R. DATE OF RIPTH 9. AGE (In years I FUNDER TYEAR IF UNDER 24 HRS.   |
| ーキャキ   | MALE WILLIE WIDOWED DIVORCED MARCH 29,1963 59 yrs. Months Days Hours Min.  |
| 8 m 0 }  | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sibte or foreign country)  12. CITIZEN OF WHAT COUNTRY?  |
| Sfler d<br>S, ond<br>be re<br>ond 2  | COSTODIAN SCHOOL VIRGINIA U.S.A.   |
| 76.0   | 13. FATHER'S NAME  |
| 0 % 0 0  | WILLIAM R. WATSON LILLIE E. FOGELSON   |
| - 60 Po  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (You, no, or unknown) (If yor, give wor or doles of service) 216-14-3855 MARGARET L. WATSON -HENEROR () RI)  |
| · 美.   | 18. CAUSE OF DEATH [Enter only one cause per ligg for (a), (b), and (c).]  |
| 7000 2 5   | PART I, DEATH WAS CAUSED BY:   |
| ecuted form 18 form sit per  | IMMEDIATE CAUSE (o)  DUE TO  |
| in l<br>with<br>tron   | Conditions, if any, which) (b)   |
|  | gave rise to immediate cause (a), stating the underlying DUE TO  |
| should<br>in penc<br>e olong<br>o burio  | cause last. (c)  |
| ₽: 5 8   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  |
| rtifico<br>inding<br>r's Of<br>used  | YES NO []  20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |
| . This certif<br>rord 'pend<br>Exominer's<br>nould be us   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOST PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)  CAUSE OF DEATH.  |
| ER: This<br>word of Exomishould  |  |
| (AMINER<br>ting the v<br>Medicol<br>Poge 3 sh  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work 19 at  |
| EXAMI<br>Fiting the Med Med Med Med Med Med Med Med Med Me   | 21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that   |
| DR: FX   | death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .   |
| 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | DATE SIGNED  |
| WED<br>riffic<br>to th   | SIGNATURE M.D. CHIEF MEDICAL EXAMINER 4/4/1.   |
| O DEPUTY MEDICAL EXACUTE THE FORESTINE OF FUNERAL DIRECTOR: POR removel.   | EXAMINER'S NAME (Type)  EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE |
| DEPUTY cute the ce forworded FUNERAL or removo   | 220. BURIAL, CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)   |
| or for a position of the posit | BURIAL APRIL-7/62 EVERGREEN MEM. CARDEN FINKSBURG - MO.  |
| No Assured   | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  |
| VS. A15ME(\$)<br>\$M 9/55  | WM CGOK-TOWSON, MC TOWSON, MC) DATE APR 6 '62 annu S. Knows  |

| MEDICAL EXAMINER'S CERTIFICATE OF DEATH |                 |
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funeral cours after TO HOSPITAL OF SITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 m., a retained by the hospital or attending physician.

TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death of the state of the st VR A15 (4) 1SM 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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|                                    |                          |                                |               |                         |            |                     |             |                   |                             |              |             | 1              |
|------------------------------------|--------------------------|--------------------------------|---------------|-------------------------|------------|---------------------|-------------|-------------------|-----------------------------|--------------|-------------|----------------|
| 1. PLACE OF                        |                          |                                |               |                         |            | 2. USUAL F          | ESIDEN      | CE (Where de      | iceased lived, If           |              | dence befo  | ore edmission) |
|                                    |                          | timore                         |               | MARY                    | LAND       | a, SIAIE            | Mary        | land              | b. cour                     | " Balt       | imore       |                |
| b. CITY OR<br>write R              | TOWN (if                 | outside corporate limit:       | ь,            | c. LENGTH OF STA        | AY IN 1b   | c. CITY OI          | R TOWN (I   | f outside corp    | orate limits, write         | RURAL and g  | ive nearest | town)          |
| 0ver                               |                          |                                |               | 5 years                 |            | X                   | Over        | lea               |                             |              |             |                |
| d. NAME C                          | OF HOSPIT                | AL OR INSTITUTION (if          | not in hosp   | pital, give street add  | ress)      | d. STREET           | ADDRESS     | 1                 |                             |              |             | S RESIDENCE    |
|                                    |                          | wood Ave.                      |               |                         |            | 430                 | 4 Ken       | wood A            | ve.                         |              |             | MO X           |
| 3. NAME OF DECEASE                 |                          | First                          |               | Middle                  |            | Last                |             | 4. DATE           | Month                       |              | Эву         | Year           |
| (Type or pri                       | int)                     | ELIZABETH                      |               |                         | IKERI      |                     |             | DEATH             | April                       | 30           | ,           | 19 62          |
| 5. SEX                             | 1000                     | 6. COLOR OR RACE               | 7. MARRIE     | NEVER MARRIE            | DDB        | . DATE OF BIRT      | Н           | 9.                | AGE (In years               |              |             | IDER 24 HRS.   |
| Female                             |                          | White                          | WIDOWE        | - 00.00                 |            | March 14            | . 188       | 1                 | lest birthday)<br>8.1. yrs. | Months De    | rs Hou      | rs Min.        |
| 10a. USUAL C                       | CCUPATE                  | ON (Give kind of work          | 10b. KI       | ND OF BUSINESS OF       |            |                     | /           |                   | foreign country)            | 12. CITIZE   | N OF WHA    | AT COUNTRY     |
| At h                               |                          | king life, even if retired     | 1)            |                         |            | Mary                | Sand        |                   |                             | TT           | S.A.        |                |
| 13. FATHER'S                       |                          |                                | 1             |                         |            | 14. MOTHER'S        |             | NAME              |                             | U .          | J.H.        |                |
| John                               | н. н                     | ertline                        | ď             |                         |            | Mar                 | y Dei       | gert              |                             |              |             |                |
| 15. WAS DECE                       | EASED EVE                | R IN U.S. ARMED FOR            | ES?   16.     | SOCIAL SECURITY N       | IO.  17. I |                     |             |                   | Address                     |              |             |                |
| No.                                | kown) (If                | yes give war or dates of se    | rvice)        |                         | Frac       | doni ale            | T Uo        |                   | 1201 V                      | - Food       | A ====      |                |
|                                    | SE OF D                  | ATH Enter only one             | cause per li  | ne for (a), (b), and (e | c).]       | ederick :           | L. na       | Lerrue            | 4504 VE                     | DOOMIE       |             | BETWEEN        |
|                                    | T I. DEATH               | WAS CAUSED BY:                 | ()            | en seles                | 4          | Cand.               | . 110       | 0.                | D.                          |              |             | ND DEATH       |
| 11.                                | _                        | MMEDIATE CAUSE (a)_            | 14 12         | ew secen                | our        | · Curcuu            | 00          | scula             | ~ cus                       | lose         |             | 1 0            |
|                                    | 22,                      | DUE TO                         |               | Cause 1                 | 10 -       | . 0 .               | 0           |                   |                             | 1717         | und         | ret.           |
|                                    | s, if any,<br>to immedia |                                |               | Severe L                | jeno       | rallege             | V.          |                   |                             |              |             |                |
| (a), statin                        |                          | DITE TO                        |               |                         | 0          | 0                   |             |                   |                             | 100          |             |                |
| cause last.                        | -                        | ) (c)_                         |               |                         |            |                     |             |                   |                             |              |             |                |
| PART PART                          | II. OTHER                | SIGNIFICANT CONDIT             | ,             | 7.                      | - 4        |                     | Λ -         |                   |                             | EN IN PART 1 |             | S AUTOPSY      |
| 3                                  | rial                     | nutre to                       | ハーベ           | secondary               | A L        | comel a             | llo co      | mynst z           | pain                        |              | YES [       | NO I           |
| 20a. ACCI<br>OR CONTR              | IDENT WA                 | S UNDERLYING [] CAUSE OF DEATH | 20b. DESC     | CRIBE HOW INJURY        | OCCURED    | , (Enter nature of  | injury in I | Part I br Part II | of item 1B.)                |              |             |                |
|                                    | NOTIFY                   | MEDICAL EXAMINER)              |               |                         |            |                     |             |                   |                             |              |             |                |
| 3 20c. TIME                        |                          | Y Month, Day, Yea              |               | NJURY OCCURRED          |            | CE OF INJURY        |             |                   | or town)                    | (County      | )           | (State)        |
| 20c. TIME                          | p.m.                     | 19                             | While at work |                         | Tact       | ory, street, office | Diag., etc. | 1                 |                             |              |             |                |
|                                    |                          | at (I) (this hospita           | al) attend    |                         | d from     | 146                 | 0           | 19 to             | april                       | 30 1067      | -that (     | ) (wa) last    |
|                                    |                          |                                |               |                         |            |                     |             |                   | 1                           |              |             |                |
| 22a. SIGN                          | VATURE                   | 0                              | ( ,           |                         |            | 1                   |             |                   |                             |              |             | 22b. DATE      |
|                                    | X                        | then (', )                     | to le         |                         | м          | D. PHYS.            |             | AED.              | STAFF<br>PHYS.              |              | 5-1-        | 6 SIGNED       |
| 22c. PHYS                          | SICIAN'S                 | 1                              | 6             | 11.110                  |            | 22d. ADD            | RESS        | 21                | . (                         | n            | 101         | 71             |
|                                    |                          | NHOL                           | Cr            | 17 16                   |            |                     | 21          | 1 July            | an J                        | el 130       | ulto        | 36             |
| 23a. BURIAL,<br>REMOVAL<br>BUI'181 |                          | N, 23b. DATE THERE             |               | 23c. NAME OF CI         |            |                     |             |                   | TION (City, tov             |              |             | (State)        |
|                                    |                          | May 2, 1                       | 962           | Oak Lav                 | m Ce       | metery              |             | Cole              | gate, Md                    |              |             |                |
| 24 FUNERAL D                       | DIRECTOR'                | SIGNATURE                      | 4070 1        | ADDRESS                 |            |                     | 25a. REC    | D BY REGIST       | RAR 25b. REC                |              |             |                |
| OTTLIC                             | II run                   | eral Home                      | #KIU 1        | perair Kos              | ad.        |                     | DATE        | Y 3 '62           | a                           | ithus S. M   | calle       |                |

THAS BO BY DESIGN 2 18 10 . . 

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04353

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04349

|   |   |                   | <b>GENTINIO</b>                      | ~ · · ·               | DEATI                               |                        |  | Reg. Di            | it. No.  |           |                  |
|---|---|-------------------|--------------------------------------|-----------------------|-------------------------------------|------------------------|--|--------------------|----------|-----------|------------------|
|   | ltimore   |                   | MARYLAND                             | 2. USUAL<br>o. STAT   | RESIDENCE (WI                       | _                      | d lived. If instituti<br>b. COUNTY                 | -                  |          | re admiss | ion)             |
| b. CITY OR TOWN (I<br>RURAL and give no<br>Catonst                              | f outside corporate limiteorest town)                   | its, write        | c. LENGTH OF STAY IN 16 7yr6mth27dys | c. CITY               |                                     |                        | rote limits, write R                               | URAL ond           | give nea | rest town | )                |
| OR INSTITUTION  | AL (If not in hospitol, g                               |                   | oddress)<br>SPITAL                   |                       | et Address<br>Dundalk               |                        |  |                    |          |           | IDENCE<br>FARM?  |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                       | Fid.<br>Ett   |                   | Middle<br>A •                        |                       | lost<br>est                         | 4. DATE<br>OF<br>DEATH | Mon<br>Apr   |                    | Do:      |           | Year<br>10 62    |
| 5. SEX female   | 6. COLOR OR RACE  | 7. MARE           | RIED NEVER MARRIED                   | B. DATE OF            |                                     | 5                      | 9. AGE (In years last birthdoy)  yrs.              | IF UNDER<br>Months |          |           | 17               |
| 10a. USUAL OCCUPATION during most of work NOUSEW 1                              | ON (Give kind of work ing life, even if retired         | done 10b.         | KIND OF BUSINESS OR IND              |                       |                                     | or foreign co          |  | 12. CIT            |          |           | COUNTR           |
| 13. FATHER'S NAME   |   |                   |                                      | 14. MOTH              | ER'S MAIDEN                         | NAME                   |  |                    |          |           |                  |
| Frederick   | Schulte   |                   |                                      | 100                   | Mary 1                              | Hubbar                 | d  |                    |          |           |                  |
| 15. WAS DECEASED EVE<br>(Yes, no. or unknown)<br>NO                             | R IN U. S. ARMED FOR<br>Iff yes, give wor or dates of s | ervice)           |                                      | ecords                | SPRI                                | NG GR                  | OVE STATE  |                    | SPIT     | AL        |                  |
| Conditions, if or<br>gave rise to it<br>couse (o), stoting<br>lying cause lost. | mmediate (  |                   |                                      |                       |                                     |                        |  |                    |          |           |                  |
|   | IER SIGNIFICANT CON                                     | DITIONS           | CONTRIBUTING TO DEATH BU             |                       | D TO THE TERMI                      | INAL DISEASI           | E CONDITION GIV                                    | EN IN PART         | 1(0) 19  | PERFO     | AUTOPSY<br>RMED? |
|   | S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)        | 20b. DES          | CRIBE HOW INJURY OCCURR              | ED. (Enter note       | ere of injury in I                  | Port I or Part         | II of item 18.)                                    |                    |          |           |                  |
| ZOc. TIME OF INJUR<br>Hour a. m.<br>p. m.                                       | 19  | While<br>of work  | Nat while to                         | actory, street, o     | RY (Home, form<br>office bldg., etc | .) 20f. (City          | or town)   | (C                 | ounty)   |           | (Stote)          |
| 21. I certify th  | ar Kaltended the  | decease<br>, 19_6 | ed from Sept. 2.                     | l, 19_0<br>h occurred | at                                  | _M, fram               | 1 19 1962<br>1 the causes a<br>reet, city or town, | nd on th           |          | e state   |                  |
| ACTUAL<br>SIGNATURE   | Loretto   | 7                 | J. Han                               | M.D                   | SPRING                              | CROVE                  | STATE  | HOSPI              | TAL      |           | 19-6             |
| NAME (Type)   |   |                   | HSU                                  |                       |                                     | sville                 | 28, Mary   | land               |          |           |                  |
| 220. BURIAL, CREMATION<br>REMOVAL (Specify)                                     | 4-21-19   |                   | 22c. NAME OF CEMETERY O              | OR CREMATOR           | Υ                                   |                        | ion (City, town, o                                 | r county)          |          | (Stote    | )                |
| 23. FUNERAL DIRECTOR'S  | SIGNATURE   | 320               | ADDRESS<br>1 W. NORTH A              | 08)                   |                                     | PR 2 3                 | RAR 24b. REGIS                                     | TRAR'S SIG         | NATUR    | E         |                  |

VS A15 (4) 15M 10/57

CERTARIO STADIENTASS 18.0 A common program of the control branch in particular and the control of the contr MANUFACTURE OF THE COURSE OF THE PROPERTY OF T NAME AND POST OF PERSONS OF PERSO 2

TO HOSPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mm, he retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

|         | 04354  |                                |   |                                  | 1.350                                |
|---------|--|--------------------------------|---|----------------------------------|--------------------------------------|
| 1       | PLACE OF DEATH   |                                | 2. USUAL RESIDENCE (What  | e deceesed lived, If institution | Rasidenca before edmission)          |
| 1       | a. COUNTY BOXX   |                                | a. STATE  | b. COUNTY R                      | 1/2                                  |
| 1-      | b. CITY OR TOWN (if outside corporale limits.   c. LEN   | MARYLAND<br>IGTH OF STAY IN 16 | CITY OF TOWN (If outside  | corporate limits, write RURAL en | d nive negrest town)                 |
|         | write RURAL and give nearest town)   | GIII OF STAT IN 18             | 1 0 -   | corporate minis, with NORAL OF   | give (leonasi lowil)                 |
|         | Kandallstown   |                                | > Orerlea.  |                                  |                                      |
|         | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give   | re street address)             | d. STREET ADDRESS   |                                  | IS RESIDENCE     ON A FARM?          |
| 1       | hapel Hill Nursip  | a Am                           | 13 KINGEL   | wale Ste-                        | YES NO                               |
| 3       | . NAME OF First  | Middle                         | Lasi 4. DA  | TE Month                         | Day Yaar                             |
|         | (Type or print)  | リルベバ                           | 12 R OF   | TH ADI- 211-                     | 1962                                 |
| -       | 11/1/ / N  | EVED HADDIED DIB               | DATE OF BIRTH   | 9. AGE (In years   IF UNDER 1    |                                      |
| ľ       | 8. COLOR OR RACE 7. MARRIED NI   | EVER MARRIED   B               | 2.71-1010   | A A L CALL A                     | Days Hours Min.                      |
|         | WIDOWED D  | DIVORCED                       | UCL 6-1861  | 94 yrs.                          |                                      |
| 1       | 0e. USUAL OCCUPATION (Give kind of work some dyrigg most of working life, given if retired)  | BUSINESS OR INDUSTR            | Y 11. BIRTHPLACE (County & Stote                                | o, or foreign country) 12. CIT   | IZEN OF WHAT COUNTRY?                |
|         | Housewitz  |                                | Ball Imor   | e Md                             |                                      |
| 1       | 3. FATHER'S NAME   |                                | 14. MOTHER'S MAIDEN NAME  | 7764                             |                                      |
|         | -Tolon Palantal  |                                | 7   |                                  |                                      |
| 1       | 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL  | SECURITY NO.   17. I           | NFORMANT /  | Address                          |                                      |
|         | Yes, no, or unkown) (Ifyes give wer or detes of service)   | 0.                             | 1. 1.6. 2.6.1 2.  | 2 PALKX                          | . 1 21                               |
|         | NO   | Ne JUL                         | on unever - 30  | 13 /01/1 (00                     | unka. 34                             |
|         | 18. CAUSE OF DEATH  Enter only one cause per line for (  | e), (b), end (c)               | 0   |                                  | ONSEL AND DEATH                      |
|         | PART I, DEATH WAS CAUSED BY:   | Lac Hai                        | lue   |                                  | Idau                                 |
|         | A DUE TO   |                                |   |                                  |                                      |
|         |  | M. ALLI A                      | tour allen  | 0                                | Sura                                 |
|         | Conditions, if any, which (b)  | accept a                       | many or a   | 26                               | 244 =                                |
|         | (a), stating the underlying DUE TO   | 0- 6                           | 2 to 12 . 00  |                                  | 1                                    |
|         | cause lest. (c) Yeur   | alized 1                       | any and seem  | 02c                              |                                      |
| 3       | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI   | NG TO DEATH BUT NO             | OT RELATED TO THE TERMINAL DISE                                 | ASE CONDITION GIVEN IN PART      | T 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| ATION   |  |                                |   |                                  | YES NO                               |
| LEIC    | 200, ACCIDENT WAS UNDERLYING []   2Db. DESCRIBE H  | OW INJURY OCCURED              | . (Enter nature of injury in Pert I or P                        | art II of item 18.)              |                                      |
| CEPTIEN | OR CONTRIBUTING CAUSE OF DEATH   |                                |   |                                  |                                      |
|         |  | OCCUPPED : 20 PLA              | CE OF INTUIDY (H f ) 300  | (City or town) (Cou              | unty) (State)                        |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY Hour a.m. WhileNo   |                                | CE OF INJURY (Home, ferm, 20f. ory, streat, office bldg., etc.) | (City or town) (Cou              | (State)                              |
| ME      | p.m. 19 et work a  | t work                         |   | 1                                |                                      |
|         | 21. I certify that (I) (this hospital), attended th  | e deceased from                | 2 1956  | to 4/2 19                        | , that (I) (we) last                 |
|         |  |                                | death occured at  |                                  |                                      |
|         | 22e. SIGNATURE   | and mar                        | 1   |                                  | 22b. DATE                            |
|         | English della  |                                | ATTENDING MED.  | STAFF PHYS.                      | SIGNED                               |
|         | 22c. PHYSICIAN'S   | M                              | DIRECTOR  |                                  |                                      |
|         | NAME (Type) Walten Schlen  | of the                         | ( fill (11)   | en Mill Ma                       | Rattoning                            |
| _       | The second secon | 1                              | 10 6710 WING  | الما (مار) الما                  |                                      |
| 2       | 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.  | NAME OF CEMETERY               | OR CREMATORY 23d.   | LOCATION (City, town or count    | (Stete)                              |
|         | BINH al APX 24-62 100  | 2/TIMOHY                       | Cem &   | Promitte                         | md.                                  |
| 2       | 4 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS 740                    | 25a. REC'D BY RI  | GISTRAR 256. REGISTRAR'S         | 11                                   |
| 1       | Lacsahn Zunehal Home   | Belain                         | Rel . DATE APR 23   | 1 '62 Cirlling &                 | . Thank                              |
|         |  |                                | - 1   |                                  |                                      |

|                  |              |                         | To Lite House to the                     | SUPERIOR .        |
|------------------|--------------|-------------------------|--|-------------------|
| 042350           |              |                         | , °, °, °, °, °, °, °, °, °, °, °, °, °, |                   |
|                  | 7/2 - 23     | Samuel III              |  | C.S. Indiana.     |
|                  | editerate of | TO ACCUS TO SCHOOL      |  | Service Service   |
|                  | Catholine is |                         | and the fighter of                       | egeméral.         |
|                  | GRAGE T.     |                         | 120 11/11                                | / - / / / / / / · |
| 17 1 1 march     |              | 2-1 H                   |  |                   |
|                  | 73667 200    |                         | My .                                     |                   |
| DW 840.          | Baltin       |                         | the same                                 | devie.            |
|                  |              | A TOP OF THE VIEW       | of a place                               | ahat-             |
| 2013 PORTMONTE 3 | - Washington |                         |  |                   |
|                  |              | No. of Street, or other |  |                   |
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|                  |              | MATERIAL PROPERTY.      |  |                   |
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| Edition of the   | 40           | 193/2000                | 190 29-62                                | I BEST            |
|                  | 1 124        | and mer                 | ZY/CAMPAGE                               | * 1.1             |
|                  | B.C.         | 1972 B -14              | 1 75 75 75 11 19 19                      | 4055 M            |

hours after

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04355
CERTIFICATE OF DEATH
04351 04351 04355

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)                                 |
|---|---|
| Baltimore MARYLAND  | o. STATE Maryland b. COUNTY Anne Arundel  |
| b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)                      | c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)                                      |
| Catons ville 10 days  | Annapolis, Md.  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS   a. IS RESIDENCE   |
| SPRING GROVE STATE HOSFITAL   | 109 Chester Avenue  |
| 3. NAME OF First Middle DECEASED  | Last 4. DATE Month Dey Yaer   |
| (Type or print) Lawrence E. V   | Vilde DEATH April 9 1962  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED  | 8. DATE OF BIRTH  9. AGE (In yeers   FUNDER 1 YEAR   IF UNDER 24 HRS.    Just blinhday   Months   Days   Hours   Min. |
| male white widowed Divorced   | June 30, 1894 67 yrs. Months 2003 Mill.   |
| 100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST  | RY   11. BIRTHPLACE (County & State, or foraign country)   12. CITIZEN OF WHAT COUNTRY?                               |
| dona during most of working life, even if retired)  Painter  PainteR  | Maryland U.S.   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
|   |   |
| William Wibe  | Hilda Edgar   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown)   (Ifyesgivawarordatesofservice) | INFORMANT Address   |
|   | Records: SPRING GROVE STATE HOSPITAL  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN  |
| PART I. DEATH WAS CAUSED BY: Pulmonary embolism   | ONSET AND DEATH   |
| (-) )   |   |
| Conditions, if any, which the Iliac and femoral   | vein thrombosis   |
| Conditions, if any, which (b) 111aC and Iemoral gave rise to immediate cause  | VG III VIII VIII VIII VIII VIII VIII VI   |
| (a) dating the underlying DUE TO  | 11.   |
| causa last. (c) Colon diverticuli   | tis, purifert   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N   | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?                            |
| ¥   | YES X NO  |
| OR CONTRIBUTING CAUSE OF DEATH  | D. (Enter nature of injury in Part II or Part II of itam 18.)   |
|   |   |
| Hour e.m. While Not While   | ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)   |
|   | March 22 7, 19 62 to April 919 62 that (We) last  |
| 21. I certify that (this hospital) attended the deceased from   | ( 4 3 5   |
|   | t death occured atM, from the causes and on the date stated above.  |
| 220. SIGNATURE Siela Wachsler   | ATTENDING STAFF DIRECTOR PHYS. 14-10-62   |
| 22c. PHYSICIAN'S  | 22d. ADDRESS SPRING GROVE STATE HOSPITAL  |
| NAME (Type) Stella Wachsler, M. D.  | Catonsville 28, Md.   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23. NAME OF CEMETERY  |   |
| Durial april 12-62 Jeen Have  | or penioral Ten Throng 140  |
| 24 FUNERAL DIRECTOR'S SIGNATURE CAPPRISS CAPPRISS   | lis Mel 253. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
|   | 19 DATE APR 12'62 arthur & Krand  |

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|               | 0435  | c  | CER.   | TIFICA     | ATE OF DEATH   |   | Reg. Do                                  | 352  |
|---------------|---|--|--|------------|--|---|--|--|
|               | PLACE OF DEATH  | Baltimo  | re ma  | RYLAND     | 2. USUAL RESIDENCE (Who o. STATE                           | ere deceased lived. If institu                              | V / 77 /                                 | re odmission)                              |
|               | RURAL and give no   | If outside corporate limits, eorest town)  CO Ruya  TAL (If nat in haspital, giv | 1 Life   | AY IN 16   | d. STREET ADDRESS  | utside corporote limits, write                              | /  | e. IS RESIDENCE<br>ON A FARM?              |
| 3.            | NAME OF<br>DECEASED<br>(Type or print)                              | Resh First   | Dunce  |            | Wilhelm  |   | anth Da                                  |  |
|               | Male  | white  | 7. MARRIED NEVER MAR<br>WIDOWED DIVOR                          | RRIED      | NOV. J. 190  | 9. AGE (In year last birthday                               | Manths Doys                              | IF UNDER 24 HRS.<br>Hours Min.             |
|               | FATHER'S NAME   | king life, even if retired)  | Ruad Cons  | truck      | 11.  | land  | 12. CITIZEN OF                           | MHAT COUNTRY?                              |
| 1S.<br>(Ye    | WAS DECEASED EVE  | B: Will R IN U. S. ARMED FORCE (If yes, give way or dates of sen World Luby 71   |  |            | ANGELIN<br>NFORMANT<br>Ars EMMANN                          | Whelm W   | de d | Md   |
|               |   | TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Thy, which mmediate                 | GENTE<br>GENTE<br>Oronan                                       | (c).]      | remary Ge<br>Ideart Di                                     | clusión<br>sease.   | QNS                                      | erval Between Set and Death Sorry. Thereto |
| CERTIFICATION | 20a. ACCIDENT WA  |  |  |            | O. (Enter noture of injury in F                            |   | GIVEN IN PART 1(a) 1                     | 9. WAS AUTOPSY<br>PERFORMED?<br>YES NO     |
| MEDICAL C     | 20c. TIME OF INJUR<br>Haur a. m.<br>p. m.                           |  | 20d. INJURY OCCURRED While Not while at work at work work work |            | ACE OF INJURY (Home, form tory, street, office bldg., etc. |   | (County)                                 | (Stote)                                    |
|               | 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | at I attended the of   | deceased fram July, 1961, and the                              |            | accurred at 3 A.  Janes                                    | M, fram the causes of ADDRESS (Street, city or town as FEAD | and an the date                          |  |
|               | REMOVAL (Specify)   | 4-14-1   | 962 Febru  | EMETERY OF | Buplier  | 22d. LOCATION (City, 10W)                                   | 10 1                                     | (Stole)                                    |
| 23.           | FUNERAL DIRECTOR  | SIGNATURE  | ADDRESS  | trac       | 711 d 24a. REC'I   | PREDISTRATO 246. REG  | CIVING A. 1                              | Trans                                      |



Children to the control of the property is the first and the control of the contr

MARYLAND STATE DEPARTMENT OF HEALTH

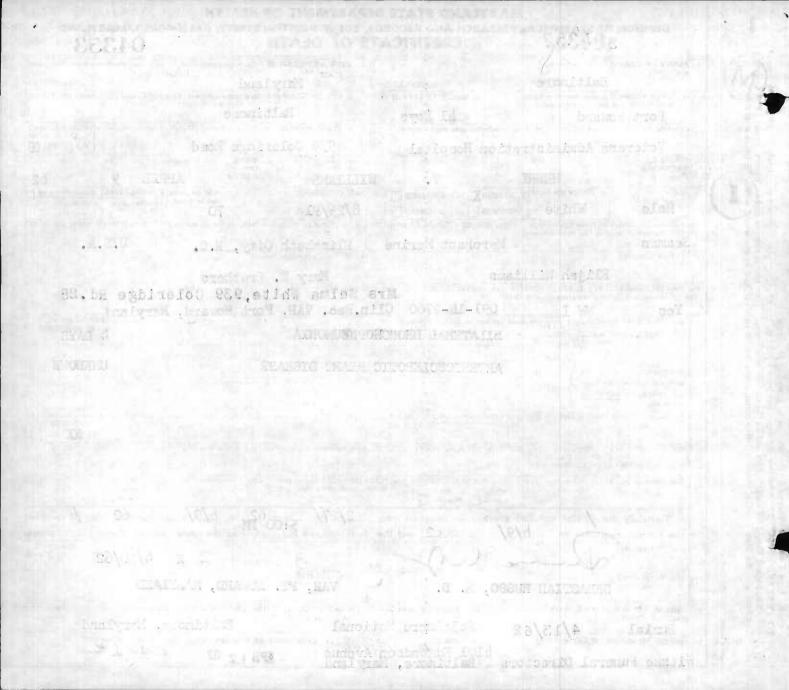
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 304357 CERTIFICATE OF DEATH 04353

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)  |
|---|--|
| Baltimore MARYLAND  | o. STATE Maryland b. COUNTY Balting - e.   |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1  |  |
| write RURAL and give nearest town)  | X Baltimore  |
| Fort Howard  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)                                       | d. STREET ADDRESS   a. IS RESIDENCE  |
| Veterans Administration Hospital  | 939 Coleridge Road YES ☐ NO 🔀  |
| 3. NAME OF First Middle   | Last   4. DATE Month Day Yeer  |
| DECEASED (Type or print) HENRY T.   | WILLIAMS OF DEATH APRIL 9 19 62  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
| Male   White   WIDOWED   DIVORCED   | 8/25/91   last birthday)   Months   Deys   Hours   Min.  |
| 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)                                     |  |
| Seaman Merchant Marine  | Elizabeth City, N.C. U.S.A.  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| Elijah Williams   | Mary E. Brothers   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yas, no, or unkown)   (If yes give were reference) | rs Selma White, 939 Coleridge Rd. 28   |
| Yes W T 091-11-2760 C   | lin.Rec. VAH, Fort Howard, Maryland  |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]   | INTERVAL BETWEEN   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)  BILATERAL BRONG   | CHOPNEUMONIA THE PROPERTY OF T |
| DUE TO  |  |
| Conditions, if eny, which   | C HEART DISEASE UNKNOWN  |
| geve rise to immediate cause (e), stating the underlying  DUE TO  |  |
| cause lest. (c)   |  |
|   |  |
| CATIO   | YES XX NO  |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | ED. (Enter neture of injury in Pert I or Pert II of Item 1B.)  |
|   | LACE OF INJURY (Home, farm, ectory, street, office bldg., etc.) (City or town) (County) (Stete)  |
| 21. I certify that (f) (this hospital) attended the deceased from   | n  |
| saw the deceased allow on. 4/9/ 19.62, and the  | at death occured at  |
| 22e. SIGNATURE  | 22b. DATE  |
| June Will   | M.D. ATTENDING MED. STAFF X 4/10/62 SIGNED   |
| 22c. PHYSICIAN'S  | 22d. ADDRESS   |
| NAME (Type) SEBASTIAN RUSSO, M. D.  | VAH, FT. HOWARD, MARYLAND  |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTER  | Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| Burial 4/13/62 Baltimore N  | ational Baltimore, Maryland  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Witzke Funeral Directors Baltimore,   | Nary Land DATE APR 12'62 Orthun & Kraud  |

The law requires that the death certificate be executed within 24 TO HOSPITAL CAN TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 ma a retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after

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TO HOSPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms a retained by the hospital or attending physician.

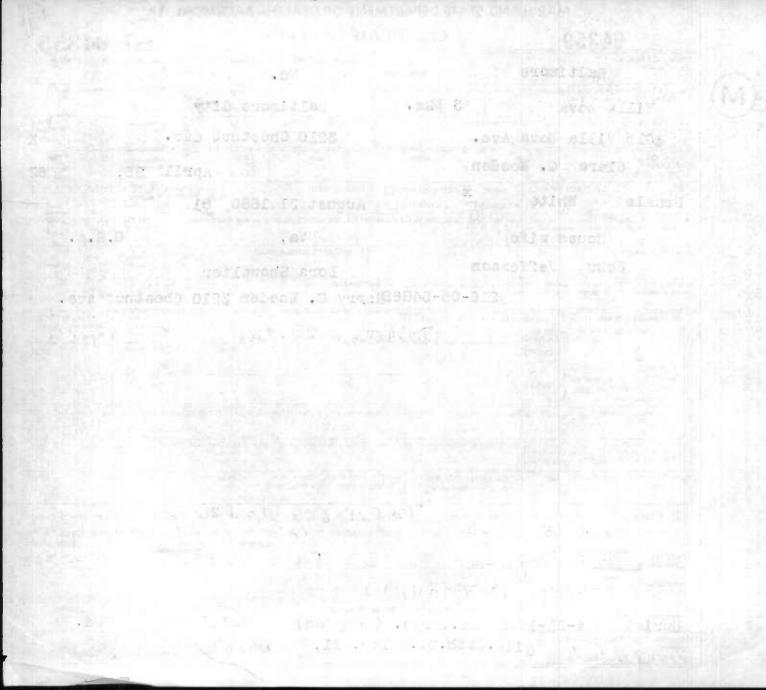
TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician end completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

|                         | MARYLAND STATE D                 | EPARTMENT OF      | HEALTH         |                 |
|-------------------------|----------------------------------|-------------------|----------------|-----------------|
| DIVISION OF STATISTICAL | L RESEARCH AND RECORD            | S, 301 W. PRESTON | STREET, BALTIM | ORE 1, MARYLAND |
| 04358                   | L RESEARCH AND RECORD  CERTIFICA | TE OF DEATH       |                | 04354           |

| 1. PLACE OF DEAT   | altimore  |                 | MARYL                     | AND                | a. STATE MC   |                         | deceased fived, If<br>b. COUN           | ITY Y                  | Balto.         |                                |
|--|---|-----------------|---------------------------|--------------------|---|-------------------------|---|------------------------|----------------|--------------------------------|
| b. CITY OR TOWN write RURAL en   | (if outside corporate lim<br>d give neerest town)                           | its,            | c. LENGTH OF STAY         | IN 1b              | c. CITY OR TOWN   | (If outside co          | orporate limits, write                  | RURAL and g            | ive nearest to | wn)                            |
|  | sworth Ave.   | if not in hos   | pitel, give street eddres | is)                | d. STREET ADDRESS   |                         | lve.                                    |                        | ON             | RESIDENCE<br>I A FARM?<br>NO K |
| 3. NAME OF<br>DECEASED   | First   |                 | Middle                    |                    | Last  | 4. DATE                 | Month                                   | 1                      | Day Ye         | er                             |
| (Type or print)  | Frances   |                 | н.                        |                    | Wilson  | DEAT                    | Apı                                     |                        | 4, 19          |                                |
| Female   | 6. COLOR OR RACE White  | 7. MARRIE       | D NEVER MARRIED DIVORCED  |                    | pril 8, 188   | 39                      | 9. AGE (In years last birthday) 72 yrs. | Months Day             | _              | R 24 HRS.                      |
|  | TION (Give kind of working life, even if retire                             |                 | IND OF BUSINESS OR        | NDUSTRY            | 11. BIRTHPLACE (Co  | unty & State,           | or foreign country)                     | 12. CITIZE             | N OF WHAT      | COUNTRY                        |
| House  | ework   |                 |                           |                    |   | rland                   |   |                        | USA            |                                |
| 13. FATHER'S NAME  | V. Hummel   |                 |                           |                    | 14. MOTHER'S MAIDE  |                         | 4.3                                     |                        |                |                                |
|  | Ver IN U.S. ARMED FOI   | RCES?   16.     | SOCIAL SECURITY NO        | . l 17. IF         |   | Meredi                  | LTN<br>Address                          |                        |                |                                |
|  | lfyesgive wer or detes of:  |                 | None                      |                    | Donald Wil  | leon                    | Glyndon,                                |                        |                |                                |
| Conditions, if en geve rise to immed (a), stating the cause lest.  PART II. OTHE | diete ceuse underlying DUE TO (c)  R SIGNIFICANT COND  NONE  VAS UNDERLYING | Arte            | nary Occlu                | ic H               | ypertensive RELATED TO THE TERM (Enter neture of Injury i | MINAL DISEAS            | SE CONDITION GIV                        | /EN IN PART I(d        | )) 19. WAS     | in.                            |
|  | CAUSE OF DEATH MEDICAL EXAMINER NONE URY Month, Day, Ye                     | 1               | none                      | 20a Pl 47          | E OF INJURY (Home, fa                                     | arm 1 204 16            | City or town)                           | (County                | 1              | (State)                        |
| 20c. TIME OF INJ<br>Hour e.m.<br>p.m.  | none  | While<br>et wor | Not While                 |                    | y, street, office bldg., e                                |                         | one                                     | (coam)                 | ,              | (5.5.5)                        |
| 21. I certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S                      | 2. Capl   | -24-02          | 19, ar                    | from  Ind that  M. | ATTENDING   | 040<br>MED.<br>DIRECTOR | om the causes  STAFF PHYS.              | 4, 19.6.<br>and on the | date state     | ed above.                      |
| NAME (Type   | D. D. Cap   |                 |                           |                    |   |                         | Reisters                                |                        |                | (6)                            |
| 23e. BURIAL, CREMAN<br>REMOVAL (Specify<br>Burial                                | 100N, 23b. DATE THE   | REOF            | Druid R                   |                    | Cemetery  | F                       | ikesvill                                | e M                    | d.             | (State)                        |
| J. F. Eli  |   | Reist           | ADDRESS<br>Derstown, M    | id.                |   | APR 9                   | 162 256. RE                             | GISTRAR'S SIG          |                |                                |

1281 . - 2 Districted Lye. . ava directed S monal and the second Houseward - buniysed Charles V. Mulina None Mr. Romald Maleon Mynden, Ed. Resembly Oce Turken . crim Di \$A-0-0 William But Ed., Inlatentation . Black The second secon 



TO HOSPITAL 4

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| e pe   |   | and   | carb   | 14   |
| ITENDING PHYSICIAN: The law requires that the death certificate be executed within |   | DIRECTOR: After this certificate has been signed by the attending physician and completely filled | 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages | Chate Don't of Health prior to burial cremation or removal and in any event within 72 hours of |
| death  |   | d guip  | please   | an pag   |
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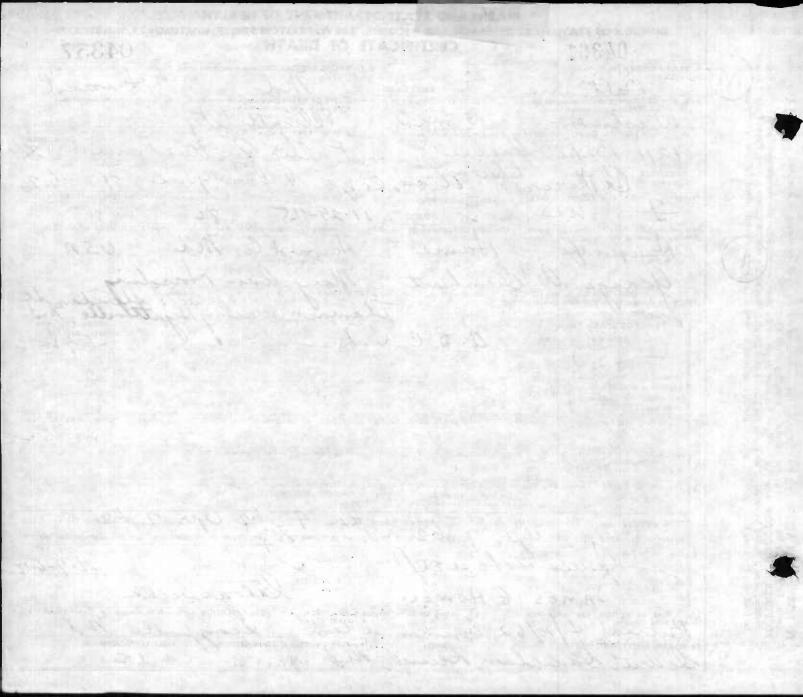
| 1                              | AARYLAND STATE DEPA      | ARTMENT OF    | HEALTH                        |
|--------------------------------|--------------------------|---------------|-------------------------------|
| <b>DIVISION OF STATISTICAL</b> | RESEARCH AND RECORDS, 30 | 01 W. PRESTON | STREET, BALTIMORE 1, MARYLAND |
| 04360                          | CERTIFICATE              | OF DEATH      | 0435                          |

|               | 04                    | 360  |                     | CERTIFICATE           | OF DEATH                       |                         | (                        | 04356  |
|---------------|-----------------------|--|---------------------|-----------------------|--------------------------------|-------------------------|--------------------------|--|
| 1.            | PLACE OF DEATH        |  |                     |                       | A A                            | ICE (Where deceese      |                          | esidence before edmission)   |
|               | e. COUNTY             | BALTIMO  | RE                  | MARYLAND              | a. STATE MA                    | RYLAND                  | b. COUNTY BA             | TIMORE   |
|               |                       | f outside corporete limi                       |                     | LENGTH OF STAY IN 16  |                                |                         | limits, write RURAL end  |  |
|               | 1                     | SON  | 16                  | TEARS                 | XTO                            | MUSON                   |                          |  |
|               |                       | TAL OR INSTITUTION                             | if not In hospitel, | give street eddress)  | d. STREET ADDRESS              |                         |                          | e. IS RESIDENCE<br>ON A FARM?  |
|               | 108                   | LINDEN   | TERRE               | KE                    | 108                            | LINDEN                  | IERRACE                  |  |
| 3.            | NAME OF<br>DECEASED   | First  |                     | Middle                | Lest                           | 4. DATE                 | Month                    | Dey Yeer   |
|               | (Type or print)       | KOBER  | T                   | D. W                  | ORKMAN                         | DEATH                   | APRIL &                  | 29 1962  |
| 5.            | SEX                   | 6. COLOR OR RACE                               | 7. MARRIED          | NEVER MARRIED         | . DATE OF BIRTH                | 9. AG                   | E (In yeers   IF UNDER 1 |  |
|               | MALE                  | WHITE  | WIDOWED             | DIVORCED 1            | DEC 19,18                      | 80 81                   | yrs. Months D            | Peys Hours Min.  |
|               |                       | ION (Give kind of working life, even if retire |                     | F BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (COL          | inty & State, or foreig | in country)   12. CITI   | ZEN OF WHAT COUNTRY?   |
|               | EXECUT                |  | Lum                 | BER COMPAN            | Y DANVILL                      | F. OHIO                 | U                        | .S.A.  |
| 13            | . FATHER'S NAME       |  |                     |                       | 14. MOTHER'S MAIDEN            |                         |                          |  |
|               | THEOT                 | DORE W   | OPK MN              | in                    | ALICI                          | F WHE                   | ATON                     |  |
| 15            | . WAS DECEASED EV     | ER IN U.S. ARMED FOI                           | RCES? 16. SOCI      | AL SECURITY NO. 17    | NFORMANT                       |                         | Address                  | No. of Control of Cont |
| 11            | es, no, or unkown) (I | fyesgive wer or detes of:                      | 274-                | 05-6454NE             | & ( VEYSTAI                    | (SILLESP                | IE. LOBLIND              | EN TERRACE   |
| -             | 18. CAUSE OF D        | EATH [Enter only one                           | e ceuse per line fo | r (a), (b), end (c)r] | 00                             | 1 1 1                   | 6                        | INTERVAL BETWEEN   |
|               |                       | H WAS CAUSED BY:                               | Carci               | inona un              | different                      | ated of                 | Luna                     | ONSET AND DEATH  |
|               | 163 X                 | DUE TO   | 0                   | m. d. de              | so eto cer                     | me a O. Ol              | mohtrode                 |  |
|               | Conditions, if eny    | , which ) (b)                                  | with                | Therang               | see als als                    | die de rede             | d 1/1                    | a years  |
|               | gave rise to immedi   | ete ceuse                                      |                     | mough                 | reek mis                       | yer was                 | generally                | 0  |
|               | (e), stating the u    | nderlying (c)                                  |                     |                       |                                |                         | 0                        | The second second  |
| z             | PART II. OTHER        |  |                     | JTING TO DEATH BUT NO | T RELATED TO THE TERM          | INAL DISEASE CONE       | TION GIVEN IN PART       | 1(e) 19. WAS AUTOPSY   |
| ATIO          | Arterin               | selentich                                      | artdises            | se will card          | ichypert of                    | 4 sportays              | pcular                   | PERFORMED?   |
| CERTIFICATION | 20e. ACCIDENT W.      | AS UNDERLYING []                               | 20b. DESCRIBE       |                       | ). (Enter nature of injury in  | er or Pert II of ite    | ation 18.)               |  |
| GE            | OR CONTRIBUTING       | CAUSE OF DEATH                                 |                     |                       |                                |                         |                          |  |
| 3             | 20c. TIME OF INJU     | IRY Month, Day, Ye                             | eer   20d. INJUR    |                       | CE OF INJURY (Home, fer        |                         | own) (Cour               | ity) (Stete)   |
| MEDICAL       | Hour e.m.             | 10   | While et work       | Not While fac         | tory, street, office bldg., et | (c.)                    |                          |  |
| 1             | 7.11                  | .,   |                     |                       | January !                      | 1058 to Ah              | ril 29 101               | 5.2 That (I) (we) last   |
|               |                       | sed alive onA.                                 |                     |                       |                                |                         |                          | ne date stated above   |
|               | 22e. SIGNATURE        | sed alive on                                   | A                   | 17, and Ina           | deam occured and               | L. P. DVI, HOIL ING     | causes and on in         | 22b. DATE  |
|               | 0:0                   | and by   | -00                 | 3                     | ATTENDING PHYS.                |                         | TAFF<br>HYS.             | 2 9 SIGNED   |
|               | 22c. PHYSICIAN'S      | 11.1   | wine                | N N                   | 22d. ADDRESS                   |                         | a N                      | 1170   |
|               | NAME (Type)           | RICHAR   | DNT                 | ILLMANK               | D30353                         | St. Faul                | St ban                   | unoie, 18  |
| 23            | Be. BURIAL, CREMATI   |  | REOF   23c          | . NAME OF CEMETERY    |                                | 23d. LOCATION           | N (City, town or county  | ) (State)  |
|               | REMOVAL (Specify)     |  |                     | ORTH CANTO            | ON CEMETER                     | Y CAUTON.               | STAPK CT.                | OHIO   |
| 24            |                       | R'S SIGNATURE                                  | 0                   | ADDRESS               |                                | EC'D BY REGISTRAR       | 25b. REGISTRAR'S,S       |  |
| 1             | - LENRY W             | VENKING  | P SUCK              | 905 YOR1              | E KD DATE !                    | MAY 2 '62               | Cirthun S.               | Thatte   |
| _             | 7 40                  | OC. Piles                                      | 3,7,7,3             | BALT 12               | Mo                             | *                       |                          |  |

06540 I'M want solve of the factor of Place William Ed Lea Tree Shirt Bundi AND THE REPORT OF THE PERSON O terral it districts white the winds The survey of the transmission of market and the contract of the THE THE PARTY TO SELECT THE WAY TO SELECT REMARKS WITH MALINES SEE SE, GREATER CONTRACT OF THE PARTY OF THE PART with the one of a far early suggesting a far with the same in

| DIVISION OF STATISTICAL RESE                        | ARCH AND RECORDS             | , 301 W. PRESTON STE                    | REET, BALTIMORE 1,                | MARYLAND                    |
|---|------------------------------|---|-----------------------------------|-----------------------------|
| 04361   | CERTIFICAT                   | E OF DEATH                              | 0                                 | 4357                        |
| PLACE OF DEATH                                      | 11                           | 2. USUAL RESIDENCE (When                | e deceased lived, If institutions | lesidence before edmission) |
| a COUNTY A A  |                              | a. STATE N. /                           | b. COUNTY                         | 1.                          |
| Daltemare   | MARYLAND                     | Mal                                     | 140                               | ward                        |
| b. CITY OR TOWN (if outside corporate limits,       | c. LENGTH OF STAY IN 16      | c. CITY OR TOWN (If outside             | corporate limits, write RURAL end | give nearest town)          |
| write RURAL and give nearest town)                  | 7                            | CAD:                                    | 0.1                               | 12 4 2                      |
| Westmen   | 3 mas                        | allegate                                | aly                               | 12x.5                       |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hos   | pital, give street address)  | d. STREET ADDRESS                       | - 1 -                             | e. IS RESIDENCE             |
| 1211 Baker Gren                                     | me                           | Fally G                                 | wanters ta                        | YES NO                      |
| NAME OF First                                       | Middle                       | Last 4. PAT                             | E Month                           | Day Yeer                    |
| (Type or print) Latherine                           | Work                         | 24 / OF DEA                             |                                   | 7 1962                      |
| SEX 6. COLOR OR RACE 7. MARRIE                      | D NEVER MARRIED 18.          | DATE OF BIRTH                           | 9. AGE (In years   IF UNDER 1     | YEAR IF UNDER 24 HRS.       |
| I WIDOWE  |                              | 11-29-75                                | last birthday) Months yrs.        | Days Hours Min.             |
| 0e. USUAL OCCUPATION (Give kind of work   10b. KI   | IND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (County & State          | , or foreign country)   12. CIT   | ZEN OF WHAT COUNTRY?        |
| done during most of working life, even if retired)  | L.                           | 11. 10                                  | Ma 1                              | 1,50                        |
| Hausenge  | rane                         | Harrand Co                              | 1100.                             | USH                         |
| 3. FATHER'S NAME                                    | ,                            | 14. MOTHER'S MAIDEN NAME                | . /                               |                             |
| Henry the Wes                                       |                              | Many Hora                               | N Harale                          |                             |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.    | SOCIAL SECURITY NO. 1 17. IN | FORMANT                                 | Address                           | 7- 1                        |
| Yes, no, for unkown)   Myesgivewarordatesofservice) | SOCIAL SECONITY NO. 17. 11   |   | 1 2001                            | treday It                   |
| ne  | 1/4                          | amask. Was                              | les ble ttl                       | allo mil                    |
| 18. CAUSE OF DEATH [Enter only one cause per li     | ine for (a), (b), and (c),]  | 1                                       | - Jugar                           | INTERVAL BETWEEN            |
| PART I. DEATH WAS CAUSED BY:                        | 13 5 10 :1                   | × ·                                     |                                   | ONSEL AND DEATH             |
| IMMEDIATE CAUSE (a)                                 | 4.0.0.0                      | \ \ \                                   |                                   | 3712                        |
| DUE TO  |                              |   |                                   |                             |
| 3   |                              |   |                                   |                             |
| Conditions, if any, which (b)                       |                              |   |                                   |                             |
| gave rise to immediate cause  DUE TO                |                              | graf.                                   |                                   |                             |
| (e), staring the underlying                         |                              |   |                                   |                             |
| (6)   |                              |   |                                   |                             |
| PART II. OTHER SIGNIFICANT CONDITIONS CON           | TRIBUTING TO DEATH BUT NOT   | RELATED TO THE TERMINAL DISEA           | ASE CONDITION GIVEN IN PART       | PERFORMED?                  |
|   |                              |   |                                   | YES NO NO                   |
| 20a. ACCIDENT WAS UNDERLYING 1 20b. DES             | CDIRE HOW INHIBY OCCUPED     | (Enter nature of injury in Part I or Pa | - A II - 6 25 10 1                |                             |
| OR CONTRIBUTING CAUSE OF DEATH                      | LRIBE HOW INJURY OCCURED.    | conter nature of injury in Part 1 or Pa | an ii of ifem ib.)                |                             |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)                |                              |   |                                   |                             |
| 20c. TIME OF INJURY Month, Day, Year   20d.         | INJURY OCCURRED   20e. PLAC  | E OF INJURY (Home, farm, 20f.           | (City or town) (Cou               | nty) (State)                |
| Hour a.m. While                                     |                              | y, street, office bldg., etc.)          | (5.17)                            | (5.5.5)                     |
| p.m. 19 at wor                                      |                              | 1                                       |                                   |                             |
|   |                              | 4 6 1060                                | 1/11/17/11/11                     | 2011/10/11                  |
| 21. I certify that (I) (this hospital) attend       | led the deceased from        | Jan 1996                                | 10                                | 9.4that (I) (we) last       |
| saw the deceased alive on.                          | 19.02 and that               | death occured                           | rom the causes and on t           | he date stated above.       |
| 22a. SIGNATURE                                      |                              | 4                                       |                                   | 22b. DATE                   |
| there and the                                       | 150/                         | ATTENDING MED.                          | STAFF                             | 1/ 37 SIGNED                |
| Jenes orve  | M.D                          |   | L PHYS. L                         | 4-1-67                      |
| 23c. PHYSICIAN'S                                    | ,                            | 22d. ADDRESS                            |                                   |                             |
| NAME (IVDe) ) A M & C                               | HOWELL                       | XIL                                     | ustrella                          |                             |
| - AM 63 6.  |                              |   |                                   |                             |
| 3a. BURIAL, CREMATION, 23b. DATE THEREOF            | 23c NAME OF CEMETERY O       | R CREMATORY 23d.                        | OCATION (City, town or county     | (State)                     |
| REPROVAL (Specify)                                  | 9                            | Come                                    | 1235. 100                         | MI                          |
| SUBSTRAL DIDECTORS SIGNATURE                        | AMPRES                       | C DECID BY DE                           | GISTRAR 256. REGISTRAR'S          | SIGNATURE                   |
| 4 FUNERAL DIRECTOR'S SIGNATURE                      | ADDRESS                      | 25a. REC'D BY RE                        | - 1 2 /                           |                             |
| de With danalder                                    | , Racerel .                  | DAMPR 1 1 '6                            | 2 arihun S. H                     | Dilles                      |

MARYLAND STATE DEPARTMENT OF HEALTH



|  | 1  |                       | DIVISIO   |
|--|----|-----------------------|---|
| funeral should   | N) | 1.                    | PLACE OF DEA<br>a. COUNTY                                       |
| d within 24 hours after ely fire on by the funeral rs. Payes 1 and 2 should hours after death.   | X  |                       | b. CITY OR TOWN write RURAL a Rural - V                         |
| es that the death certificate be executed witcian.  by the attending physician and completely figure. Then please remove carbon papers. Partice of the property of the propert |    | 3.                    | NAME OF<br>DECEASED<br>(Type or print)                          |
| ÷ 5 6 4  |    | 5.                    | SEX   |
| and and carb   |    |                       | Male  |
| icate<br>icate   | -  | 10a                   |   |
| ertif<br>nysic<br>remo   |    |                       | Retired   |
| in a se  | ~  | 13.                   | FATHER'S NAME   |
| dea dea  | T  | 15.                   | Willia WAS DECEASED   |
| the atte   |    |                       | s, no, or unkown)   |
| uires that the ysician.  In by the atten permit. Then you removal, a   |    | -                     | NO<br>18. CAUSE OF  |
| ires<br>sicia<br>1 by<br>serm  |    |                       | PART I. DE  |
| The law required attending physics been signe burial-transital, cremation  |    |                       | Conditions, if e geve rise to imme (a), stating the cause last. |
| CIAN:<br>bital or a<br>ficate ha<br>as the l   | 0  | ATION                 | PART II. OTH  |
| DING PHYSICIAM: ed by the hospital or After this certificate is stached for use as the of Health prior to bus  |    | MEDICAL CERTIFICATION | 20e. ACCIDENT<br>OR CONTRIBUTIN<br>(IF EITHER, NOTI             |
| ATTENDING be retained by ECTOR: After to ould be detached ste Dept. of Heal  |    | MEDICAL               | 20c. TIME OF IN<br>Hour e.m                                     |
| TEP Teta   |    |                       | 21. I certify   |
| EC.  |    | 7                     | saw the dece  |
| OR ATTEND<br>may be retained<br>DIRECTOR:<br>3 should be de<br>the State Dept.   |    |                       | 220. SIGNATUR   |
|  | 1  |                       | 226. PHYSICIAN<br>NAME (Typ                                     |
| death. Pag<br>death. Pag<br>IO FUNERA<br>director, page<br>be filed with 1   | 0  | 23a                   | BURIAL CREMA<br>REMOVAL (Speci<br>Burial                        |
|  |    |                       |   |

| - | MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD  04352  CERTIFICATION   | SEPARTMENT OF HEALTH SS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH                 |
|---|--|---|
|   |  | 04258   |
| 1 | 1. PLACE OF DEATH 8. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)             |
|   | Baltimore Maryland   | a. STATE Maryland b. COUNTY Baltimore   |
| / | b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)                  |
|   | write RURAL and give nearest town)   | Rural- Woodlawn, 7  |
|   | Rural-Woodlawn, 7 30 yrs.  |   |
| ' | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)   | d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?   |
|   | 1920 Englewood Ave.  | 1920 Englewood Ave.   |
|   | 3. NAME OF first Middle DECEASED   | Lasi 4. DATE Month Day Year OF  |
| Н |  | Zentz DEATH April 16 19 62  |
|   |  | 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
|   |  | Nov. 22, 1884   last birthday)   Months   Days   Hours   Min.                                     |
|   |  | NOVe 22, 1004 // yrs.   |
| ч | done during most of working life, even if retired)   |   |
|   | Retired Foreman Fertilizer Bus.  | U.S.A.  |
|   | 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| 1 | William F. Zentz  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | Katura Virginia Griffe  |
|   | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CONDITION:  Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last.  CEREBRAL  DUE TO  (b)  ARTER 10 SCLE (c) | S. Bertha B. Zentz, Baltimore 7, Maryland  HEMORRHAGE  EROTIC CARDOVASCULAR DISEASE               |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?        |
|   | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | YES NO NO. (Enter neture of injury in Pert I or Pert II of item 18.)                              |
|   |  | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.) |
|   | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 4-10 1962, and that  | death occured a   |
| 1 | 226. PHYSICIAN'S   | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 4-17-67  22b. DATE SIGNED 4-17-67                       |
|   | NAME (Type) Dr. Samuel Blumenfeld  | 2104 Gwynn Oak Ave., Balto. 7, MH.  |
|   | 238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY  | OR CREMATORY   23d. LOCATION (City, town or county) (State)                                       |
|   | Burial 4-19-62 Krieders Co   | emetery Carroll County, Maryland  |
|   | FUNERAT DIRECTOR'S SIGNATURE  8728 Liberty Randallstown  |   |
|   | Journey Joseph . William 15 00 Will  | 7 1100  |

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